Clinical Reminders and Dialogs For Mental Health QUERI

PXRM*1.5*15

INSTALLATION & SETUP GUIDE

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Department of Veterans Affairs
V*IST*A SD&D

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Introduction

Background

“New Data Elements for Mental Health QUERI” is a project for developing and distributing national clinical reminders for depression screening, appropriate clinical follow-up to a positive depression screen, and the evaluation of abnormal involuntary movement disorders for patients with schizophrenia on antipsychotic medications. The project also includes compliance reporting and rollup functionality for these reminders, which will be included in Version 2 of Clinical Reminders.

The Quality Enhancement Research Initiative (QUERI) is a program within the VA Health Services Research and Development Service (HSR&D). QUERI’s mission is to translate research innovations into improved quality of health care for veterans. The goal of the VA MH-QUERI group is to lessen the gap between clinical guideline recommended therapies and actual VA practice and to improve the process of evaluating health care delivery for patients receiving treatment in VA medical centers and outpatient clinics.

The goal of the first phase of this project is to distribute three clinical reminders to all VA medical centers nationally:

1. Depression screening
2. Appropriate clinical follow-up to a positive depression screen
3. Evaluation of abnormal involuntary movement disorders for patients with schizophrenia on antipsychotic medications

These three reminders are based on VHA clinical practice guidelines for the assessment and treatment of Major Mood Disorder (MDD) and psychoses. The Mental Health QUERI (MHQ) Workgroup worked with System Design & Development (SD&D) staff to define the reminders and to educate end users.

As part of this project, a national data repository at the Austin Automation Center will be developed to house guideline compliance data linked to the MH clinical reminders. This database will provide facility-level quarterly summary reports for selected MH performance measures.

The compliance reporting and rollup functionality for these reminders will be included in Version 2 of the Clinical Reminders package, which will be distributed in 2003. Version 2 will contain new evaluation tools, along with rewritten indexing functionality that will provide faster reminder processing and improved reporting.

Impact on Sites

- **Installation of build**

  Three Mental Health clinical reminders and dialogs are distributed in this patch, PXRM*1.5*15. The patch installation takes advantage of the reminder exchange utility and installs the reminders into the host system "silently."

- **Setup and implementation by local team**

  The following steps are required after the reminders have been installed on the system.

  1. Map Terms: As with all National Reminders, the Mental Health reminders are built with reminder terms instead of individual health factors or other finding types. This allows a site to continue to use findings that already exist on the host system as data elements and to relate these local findings to the national terms. The individual health factors that match the reminder term are also distributed with the patch, so that a site that does not have a local finding can use the nationally distributed health factors to collect data.

     NOTE: Data rollup for this project will be based on how you map your local findings to the national terms.

  2. Edit the reminder dialogs
     After you have mapped the local findings to the national terms, you can continue to use your local findings as the data elements that are captured or use the national findings that are already mapped to the national terms.

     To use your local findings, edit the reminder dialogs by first identifying the elements that allow that data element to be collected, and then changing the finding item for that element to the local finding. Directions are provided later in this manual.

     NOTE: The only way national reminders and dialogs can be modified is by changing the finding items in the nationally distributed elements to use your local finding items instead of the nationally distributed ones.

     NOTE: Do not autogenerate dialogs for these reminders, as the dialogs are included in the packed reminders. You only need to activate/link the dialogs.

Impact on Clinicians

- Use of VA-DEPRESSION Reminders (or local equivalent) on cover sheet
- Resolution of reminders through CPRS point-and-click Reminder Resolution tools

Reminder	Intended Audience
Depression Screening	Primary Care Clinicians
Depression Assessment-Follow-up	Primary Care Clinicians
AIMS	Mental Health Clinicians

Web Sites

Site	URL	Description
National SD&D Reminders site	http://vista.med.va.gov/reminders	Contains manuals, Powerpoint presentations, and other information about Clinical Reminders
VA CPG for Depressive Disorder VA CPG Key Points of Module A (PC) VA CPG Pocket Card for Module A (PC)	http://www.oqp.med.va.gov/cpg/cpg.htm http://www.oqp.med.va.gov/cpg/MDD/MDD_Base.htm http://www.oqp.med.va.gov/cpg/MDD/G/A_Keyp.pdf http://www.oqp.med.va.gov/cpg/MDD/G/A_Pock.pdf	

Pre-Installation

Clinical Reminders patch PXRM*1.5*15 adds three new reminders, dialogs, taxonomies, reminder terms. and health factors to support the MHQ project.

Required Software

Package/Patch	Namespace	Version	Comments
Clinical Reminders	PXRM	1.5	Fully patched (PXRM*1.5*11)
HL7	HL	1.6	Fully patched
Kernel	XU	8.0	Fully patched
MailMan	XM	7.1	Fully patched
VA FileMan	DI	22	Fully patched

Files installed

811.8	REMINDER EXCHANGE FILE

Adds entries to Reminder Definition, Health Factors, Reminder Taxonomy, Reminder Sponsor, and Reminder Dialog files.

Routines Installed

PXRMP15I
PXRMEXU4
PXRMDLR

PXRMP15I has both the pre and post-install calls:

PRE-INIT ROUTINE : PRE^PXRMP15I
POST-INIT ROUTINE : POST^PXRMP15I

Estimated Installation Time

Installation	About 3 minutes
Setup after installation by the Reminder Manager or CAC to address local implementation	Approximately two-four hours (depending partly on the experience level of the manager or CAC)

Installation

This build can be loaded with users on the system. Updating of cross-references for the new data added to the files will occur during the install.

The install needs to be done by a person with DUZ(0) set to "@."

1. **Retrieve the PXRM*1.5*15 build**

   Use FTP to access the build, PXRM_1_5_15.KID, from one of the following locations:

Albany	ftp.fo-albany.med.va.gov	<ftp://ftp.fo-albany.med.va.gov>
Hines	ftp.fo-hines.med.va.gov	<ftp://ftp.fo-hines.med.va.gov>
Salt Lake City	ftp.fo-slc.med.va.gov	<ftp://ftp.fo-slc.med.va.gov>

2. **Install the build first in a training or test account.**

   Installing in a non-production environment will give you time to get familiar with new functionality and complete the setup for reminders and dialogs prior to installing the software in production.

3. **Load the distribution.**

   In programmer mode, do ^XUP, select the Kernel Installation & Distribution System menu (XPD MAIN), then the Installation option, then the option LOAD a Distribution. Enter your directory name and PXRM_1_5_15.KID at the Host File prompt.

Example

```
Select Installation Option: LOAD a Distribution


Enter a Host File: PXRM_1_5_15.KID

KIDS Distribution saved on Jan 17, 2003@11:59:16
Comment: Mental Health Reminders

This Distribution contains Transport Globals for the following Package(s):
Build PXRM*1.5*15 has been loaded before, here is when:
      PXRM*1.5*15   Install Completed
                    was loaded on Jan 17, 2003@10:09:37
      PXRM*1.5*15   Install Completed
                    was loaded on Jan 17, 2003@10:45:21
OK to continue with Load? NO// YES

Distribution OK!

Want to Continue with Load? YES// <Enter>
Loading Distribution...

   PXRM*1.5*15
Use INSTALL NAME: PXRM*1.5*15 to install this Distribution.
```

From the Installation menu, you may elect to use the following options:

a. **Backup a Transport Global**
This option will create a backup message of any routines exported with the patch. It will NOT back up any other changes such as DDs or templates.

b. **Compare Transport Global to Current System**
This option will allow you to view all changes that will be made when the patch is installed. It compares all components of the patch (routines, DDs, templates, etc.).

c. **Verify Checksums in Transport Global**
This option will allow you to ensure the integrity of the routines that are in the transport global. If there are any discrepancies, do not run the Install Package(s) option. Instead, run the Unload a Distribution option to remove the Transport Global from your system. Retrieve the file again from the anonymous directory (in case there was corruption in FTPing) and Load the Distribution again. If the problem still exists, log a NOIS and/or call the national Help Desk (1-888-596-HELP) to report the problem.

d. **Print Transport Global**
This option will allow you to view the components of the KIDS build.

4. **Unmap any mapped PXRM* routines.**

5. **Install the package.**

From the Installation menu on the Kernel Installation and Distribution System (KIDS) menu, run the option Install Package(s). Select the package PXRM*1.5*15 and proceed with the install. If you have problems with the installation, log a NOIS and/or call the National Help Desk to report the problem.

```
Select Installation & Distribution System Option: Installation
Select Installation Option: INSTALL PACKAGE(S)
Select INSTALL NAME: PXRM*1.5*15
```

Answer "NO" to the following prompts:

Want KIDS to INHIBIT LOGONs during install? YES// **NO**
Want to DISABLE Scheduled Options, Menu Options, and Protocols? YES// **NO**

Installation Example

```
Setting up programmer environment
Terminal Type set to: C-VT220

Select OPTION NAME: XPD MAIN       Kernel Installation & Distribution System menu

          Edits and Distribution ...
          Utilities ...
          Installation ...

You have PENDING ALERTS
          Enter  "VA to jump to VIEW ALERTS option

Select Kernel Installation & Distribution System Option: Installation

Select Installation Option: Install Package(s)  [XPD INSTALL BUILD]

Select INSTALL NAME: PXRM*1.5*15       Loaded from Distribution  4/22/03@10:56:41

     => National Mental Health Reminders  ;Created on Apr 02, 2003@15:58:21

This Distribution was loaded on Apr 22, 2003@10:56:41 with header of
   National Mental Health Reminders  ;Created on Apr 02, 2003@15:58:21
   It consisted of the following Install(s):
    PXRM*1.5*15
Checking Install for Package PXRM*1.5*15
Incoming Files:


   801.41    REMINDER DIALOG  (including data)
Note:  You already have the 'REMINDER DIALOG' File.
I will REPLACE your data with mine.


   811.8     REMINDER EXCHANGE FILE  (including data)
Note:  You already have the 'REMINDER EXCHANGE FILE' File.
I will REPLACE your data with mine.


Want KIDS to INHIBIT LOGONs during the install? YES// NO
Want to DISABLE Scheduled Options, Menu Options, and Protocols? YES// NO

Enter the Device you want to print the Install messages.
You can queue the install by enter a 'Q' at the device prompt.
Enter a '^' to abort the install.

DEVICE: HOME// <Enter>  TELNET PORT


 Install Started for PXRM*1.5*15 :
               Apr 22, 2003@10:59:35

Build Distribution Date: Apr 02, 2003

 Installing Routines:
               Apr 22, 2003@10:59:35

 Running Pre-Install Routine: PRE^PXRMP15I

 Installing Data Dictionaries:
               Apr 22, 2003@10:59:37
 Installing Data:
                                 PXRM*1.5*15
----------------------------------------------------------------------------------
              Apr 22, 2003@10:59:45

 Running Post-Install Routine: POST^PXRMP15I

Installing reminder VA-ANTIPSYCHOTIC MED SIDE EFF EVAL

Installing reminder VA-DEPRESSION SCREENING

Installing reminder VA-POS DEPRESSION SCREEN FOLLOWUP

 Updating Routine file...

 Updating KIDS files...

 PXRM*1.5*15 Installed.
              Apr 22, 2003@11:00:30

 Install Message sent #93453
----------------------------------------------------------------------------------

 100%    |             25             50             75                 |
Complete

Install Completed
```

6. Install File Print

Use the KIDS Install File Print option to print out the results of the installation process.

```
Select Utilities Option: Install File Print
Select INSTALL NAME: PXRM*1.5*15       Install Completed  1/18/02@16:03:30
     => PXRM PATCH 8 TEST  ;Created on Jan 18, 2002@16:01:22
DEVICE: HOME// ;;999  ANYWHERE

PACKAGE: PXRM*1.5*15     Dec 25, 2002 7:57 am                         PAGE 1
                                             COMPLETED           ELAPSED
```

7. Build File Print

Use the KIDS Build File Print option to print out the build components.

```
Select Utilities Option: Build File Print
Select BUILD NAME: PXRM*1.5*15       CLINICAL REMINDERS
DEVICE: HOME//   ANYWHERE


PACKAGE: PXRM*1.5*15     Apr 22, 2003 9:58 am                        PAGE 1
-------------------------------------------------------------------------------
TYPE: SINGLE PACKAGE
TRACK NATIONALLY: YES
NATIONAL PACKAGE: CLINICAL REMINDERS
DESCRIPTION:
The description of this patch is found in the National Patch Module under
```

```
the name PXRM*1.5*15. It contains 3 National Mental Health Reminders.

ENVIRONMENT CHECK :                            DELETE ENV ROUTINE: No
 PRE-INIT ROUTINE : PRE^PXRMP15I          DELETE PRE-INIT ROUTINE: No
POST-INIT ROUTINE : POST^PXRMP15I        DELETE POST-INIT ROUTINE: No
PRE-TRANSPORT RTN :


PACKAGE: PXRM*1.5*15     Apr 22, 2003 9:58 am                         PAGE 2
                                         UP    SEND  DATA                USER
                                         DATE  SEC.  COMES  SITE   RSLV  OVER
FILE #      NAME                         DD    CODE  W/FILE DATA   PTS   RIDE
-------------------------------------------------------------------------------

801.41      REMINDER DIALOG              YES   YES   YES    REPL   NO    NO
  DATA SCREEN: I Y=100!(Y=101)

811.8       REMINDER EXCHANGE FILE       NO    NO    YES    REPL   YES   NO
  DATA SCREEN: I (Y=55)!(Y=56)!(Y=57)


ROUTINE:
   PXRMDLR                                        SEND TO SITE
   PXRMEXU4                                       SEND TO SITE
   PXRMP15I                                       SEND TO SITE

REQUIRED BUILDS:                                  ACTION:
   PXRM*1.5*9                                     Don't install, leave global
```

8. **Map PXRM routines, if unmapped in a pre-installation step.**

9. **Post-installation routine**

The post-install routine, PXRMP15I, installs the three MHQ “packed” reminders into your Reminder Exchange File, #811.8.

After the installation has finished, if you discover that the reminders weren’t installed correctly for some reason, you can use the Exchange options on the Reminders Manager Menu to install the “packed” reminders.

NOTE: Two revised dialog result elements are distributed with PXRM*1.5*15:

PXRM AUDC RESULT ELEMENT 1
PXRM AUDC RESULT ELEMENT 2.

These new elements contain the condition statement that will evaluate the AUDC score returned from the Mental Health package against a patient sex.

The current Result Elements don’t take Sex into account when returning the result text for the progress note. The replaced elements (same names) do look at Sex when evaluating the result text.

Setup and Maintenance

After installing Patch 15, follow the steps below to implement your depression reminders and dialogs for this project. Setup may require as much as two hours, depending on your experience with reminders, whether you're an integrated or single site, and how much you modify the reminders for local use. Gathering relevant information, such as lists of Mental Health tests and quick orders that will be mapped, will facilitate implementation.

As with all national reminders, the depression reminders are built with reminder terms instead of individual health factors or other finding types. This allows sites to continue to use findings that already exist on the host system as data elements and to relate these local findings to the national terms. The individual health factors that match the reminder term are also distributed with the patch, so that a site that doesn't have a local finding can use the nationally distributed health factors to collect data.

A detailed description of each reminder's terms is included in the reminder description and also in Appendix C of this manual.

The AIMS reminder was designed to be due on all patients who are on any one of the antipsychotics (excluding ones like compazine). The taxonomy for schizophrenia is included in the reminder, but will not be part of the cohort logic. By leaving the taxonomy in the reminder, the reports that can be run using the Report Extracts included in Clinical Reminders Version 2 will allow data roll-up to occur either with or without information on patients with schizophrenia.

Instructions are provided about how to copy this reminder and modify the copy to allow a site to create a second reminder for reporting of patients with schizophrenia who are on an antipsychotic (reporting numbers that match the performance measure).

Sites should ensure that the AIMS reminder does not appear for clinicians who are not responsible for the management of antipsychotic-medication side effects. This can be accomplished by using the CPRS cover sheet parameters to display the reminder only to those users who evaluate the patients for side effects of antipsychotics.

If your site uses a computed finding to link reminders to progress note titles (that is, the condition in the Computed finding is set to look for a specific note title), you can copy the AIMS reminder and add this. For example, the note title "AIMS TEST" can be used to satisfy the reminder for AIMS Exams.

Setup Steps

1. Verify correct installation of the reminders definitions, terms, and dialogs.

a. Using *Inquire about Reminder Definition* on the Reminder Definition Management menu on the Reminder Management Menu, ensure that the Major Depressive Disorder and AIMS reminder definitions have been installed. Review the reminders. (Reviewing the definitions will help you understand how they use reminder terms.) *Do not make any changes to these reminders.* If necessary for local usage, you may copy the national reminder and create a local reminder; then make any desired changes to the local copy.

VA-ANTIPSYCHOTIC MED SIDE EFF EVAL
VA-DEPRESSION SCREENING
VA-POS DEPRESSION SCREEN FOLLOWUP

```
Select Reminder Managers Menu Option: RM  Reminder Definition Management
   RL     List Reminder Definitions
   RI     Inquire about Reminder Definition
   RE     Add/Edit Reminder Definition
   RC     Copy Reminder Definition
   RA     Activate/Inactivate Reminders

Select Reminder Definition Management Option: RI  Inquire about Reminder
Definition
Select Reminder Definition: VA-DEPRESSION SCREENING
(reminder definition displayed)

Select Reminder Definition: VA-POS DEPRESSION SCREEN FOLLOWUP
(reminder definition displayed)

Select Reminder Definition: VA-ANTIPSYCHOTIC MED SIDE EFF EVAL
(reminder definition displayed)
```

b. Using the Term Inquiry option on the Term Management Menu, verify that the following terms are on your system:

ACUTE MEDICAL CONDITION
AIM EVALUATION NEGATIVE
AIM EVALUATION POSITIVE
ANTIDEPRESSANT MEDICATIONS
ANTIPSYCHOTIC DRUGS
CHRONIC MEDICAL CONDITION
DEPRESSION ASSESS COMPLETED IN MHC
DEPRESSION ASSESS INCONCLUSIVE (? MDD)
DEPRESSION ASSESS NEGATIVE (NOT MDD)
DEPRESSION ASSESS POSITIVE (MDD)
DEPRESSION DIAGNOSIS
DEPRESSION SCREEN DONE RESULT UNKNOWN
DEPRESSION SCREEN NEGATIVE
DEPRESSION SCREEN POSITIVE
DEPRESSION THERAPY
DEPRESSION TO BE MANAGED IN PC
NO DEPRESSIVE SX NEED INTERVENTION
PSYCHOTHERAPY
REFERRAL TO MENTAL HEALTH
REFUSED AIM EVALUATION

```
REFUSED ANTIPSYCHOTICS
REFUSED DEPRESSION ASSESSMENT
REFUSED DEPRESSION RX/INTERVENTION
REFUSED DEPRESSION SCREENING
SCHIZOPHRENIA DIAGNOSIS
```

```
Select Reminder Managers Menu Option: TRM  Reminder Term Management
   TL     List Reminder Terms
   TI     Inquire about Reminder Term
   TE     Reminder Term Edit
   TC     Copy Reminder Term

Select Reminder Term Management Option: TI  Inquire about Reminder Term
Select Reminder Term: AIM EVALUATION NEGATIVE
```

VA FileMan Print from the Reminder Term File

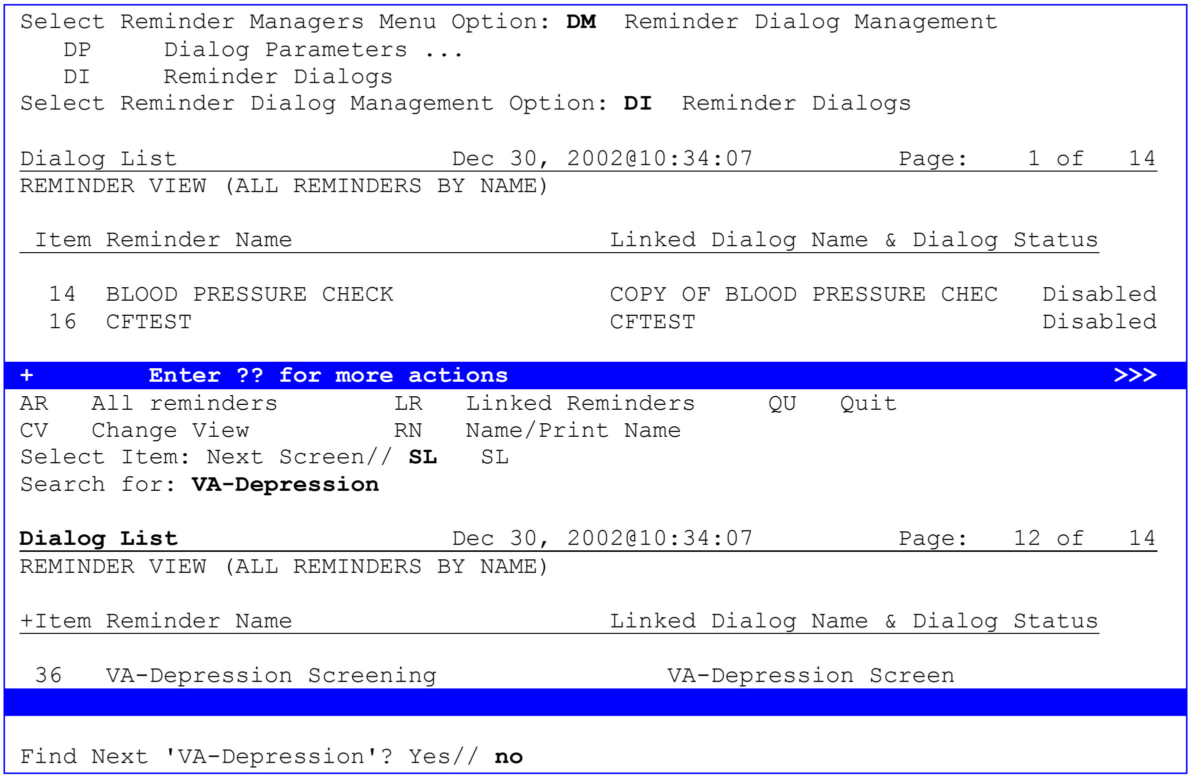
You can also run a VA FileMan Print from the Reminder Term File (#811.5) that sorts by name, and then prints name, finding, and condition. This is a useful list, especially when needing to map many tests and you're not sure what values have been defined.

Example

```
Print File Entries

OUTPUT FROM WHAT FILE: REMINDER TERM
SORT BY: NAME// <Enter>
START WITH NAME: FIRST// <Enter>

FIRST PRINT FIELD:

READ ACCESS: @// <Enter>
WRITE ACCESS: @// <Enter>
FIRST PRINT FIELD: NAME// <Enter>
THEN PRINT FIELD: FINDINGS//<Enter>     (multiple)
  THEN PRINT FINDINGS SUB-FIELD: FINDING ITEM//  <Enter>
  THEN PRINT FINDINGS SUB-FIELD: CONDITION// <Enter>
  THEN PRINT FINDINGS SUB-FIELD: <Enter>
THEN PRINT FIELD:
Heading (S/C): REMINDER TERM LIST// <Enter>
STORE PRINT LOGIC IN TEMPLATE:
DEVICE: 0;;99  TELNET    Right Margin: 80//<Enter>

REMINDER TERM LIST                             Apr 30, 2002  11:03    PAGE 1
NAME
    FINDING ITEM                   CONDITION
--------------------------------------------------------------------------------

ALANINE AMINO (ALT) (SGPT)
    ALT
BILIRUBIN
    BILIRUBIN, TOTAL
Etc.
```

c. Verify that the following dialogs are installed on your system.

VA-DEPRESSION SCREEN
VA-DEPRESSION ASSESSMENT
VA-AIMS



```
Select Reminder Managers Menu Option: DM  Reminder Dialog Management
   DP     Dialog Parameters ...
   DI     Reminder Dialogs
Select Reminder Dialog Management Option: DI  Reminder Dialogs

Dialog List                    Dec 30, 2002@10:34:07          Page:    1 of   14
REMINDER VIEW (ALL REMINDERS BY NAME)

 Item Reminder Name                      Linked Dialog Name & Dialog Status

  14  BLOOD PRESSURE CHECK               COPY OF BLOOD PRESSURE CHEC   Disabled
  16  CFTEST                             CFTEST                        Disabled

+         Enter ?? for more actions                                         >>>
AR   All reminders        LR   Linked Reminders     QU   Quit
CV   Change View          RN   Name/Print Name
Select Item: Next Screen// SL   SL
Search for: VA-Depression

Dialog List                    Dec 30, 2002@10:34:07          Page:   12 of   14
REMINDER VIEW (ALL REMINDERS BY NAME)

+Item Reminder Name                      Linked Dialog Name & Dialog Status

 36   VA-Depression Screening                VA-Depression Screen


Find Next 'VA-Depression'? Yes// no
```

NOTE: Do not autogenerate dialogs for the reminders. Dialogs are included with the packed reminder installation.

2. **Map local findings to the national Reminder Terms.**
Option: Reminder Term Management on the *Reminder Management Menu.*

Before using depression reminders, map the local findings your site uses to represent the national reminder terms, if necessary.

- Prepare a list of your local findings – health factors, taxonomies, etc. that you use to represent depression terms.
- Review the national term definitions (see Appendix C or use the options on the Reminder Term Management menu), to compare these to what you are using locally to represent depression terms.

Purpose of National Terms

- Terms are used to define a general concept that can be used on a national level
- Terms allow sites the ability to link existing local or VISN findings to the national term.
- Data rollup for the second phase of this project will be based on how you map your local findings to the national terms.

VA-DEPRESSION SCREENING Reminder Terms

Sites that use a different screening tool than the 2-question MacArthur screening tool will need to create local health factors to indicate a positive or negative result and will need to map those local health factors to the national terms:

DEPRESSION SCREEN NEGATIVE
DEPRESSION SCREEN POSITIVE

Reminder terms are included in this reminder to indicate if patients cannot be screened due to an acute or chronic medical condition.

ACUTE MEDICAL CONDITION
CHRONIC MEDICAL CONDITION

The health factors for these terms are:

UNABLE TO SCREEN-ACUTE MED CONDITION (resolves the reminder for 3M)
UNABLE TO SCREEN-CHRONIC MED CONDITION (resolves the reminder for 1Y).

The reminder term DEPRESSION SCREEN DONE RESULT UNKNOWN is included for sites where a health factor or exam is being collected to indicate that depression screening is being done using an appropriate tool, but the result (positive or negative) is not being recorded. This term is included ONLY to allow sites to make the conversion to collecting positive and negative screens—any health factors or exams that a site maps to this term should NOT be included for use on any dialog or on an encounter form and should not be used in the future.

VA-POS DEPRESSION SCREEN FOLLOWUP Terms

The following reminder terms are included in this reminder.

ANTIDEPRESSANT MEDICATIONS
DEPRESSION DIAGNOSIS
DEPRESSION ASSESS COMPLETED IN MHC
DEPRESSION ASSESS INCONCLUSIVE (? MDD)
DEPRESSION ASSESS NEGATIVE (NOT MDD)
DEPRESSION ASSESS POSITIVE (MDD)
DEPRESSION SCREEN NEGATIVE
DEPRESSION SCREEN POSITIVE
DEPRESSION THERAPY
DEPRESSION TO BE MANAGED IN PC
PSYCHOTHERAPY
REFERRAL TO MENTAL HEALTH
REFUSED DEPRESSION ASSESSMENT
REFUSED DEPRESSION RX/INTERVENTION
NO DEPRESSIVE SX NEED INTERVENTION

VA-ANTIPSYCHOTIC MED SIDE EFF EVAL Terms

This national reminder contains reminder terms for the positive and negative evaluation for abnormal involuntary movements. If sites use a local health factor or exam or use the Simpson-Angus and record the results as a health factor, then those sites will need to map the findings to the terms and add appropriate entries to the dialog to match:

AIM EVALUATION NEGATIVE

AIM EVALUATION POSITIVE

The only findings in these reminder terms that are exported are the results of the AIMS from the Mental Health package.

The reminder term ANTIPSYCHOTIC MEDICATIONS contains a health factor for recording that the patient is on a depot antipsychotic that is being administered in clinic from ward stock. If the medication is not dispensed from the pharmacy, then no data is available to the reminder to determine that the patient is on an antipsychotic unless this health factor is used.

MH Term Mapping

If desired, add local Health Factors, orderables, or findings representing these terms.

Term	Mapping
ACUTE MEDICAL CONDITION	
AIM EVALUATION NEGATIVE	
AIM EVALUATION POSITIVE	
ANTIDEPRESSANT MEDICATIONS	
ANTIPSYCHOTIC DRUGS	
CHRONIC MEDICAL CONDITION	
DEPRESSION ASSESS COMPLETED IN MHC	
DEPRESSION ASSESS INCONCLUSIVE (? MDD)	
DEPRESSION ASSESS NEGATIVE (NOT MDD)	
DEPRESSION ASSESS POSITIVE (MDD)	
DEPRESSION DIAGNOSIS	
DEPRESSION SCREEN DONE RESULT UNKNOWN	
DEPRESSION SCREEN NEGATIVE	
DEPRESSION SCREEN POSITIVE	
DEPRESSION THERAPY	
DEPRESSION TO BE MANAGED IN PC	
NO DEPRESSIVE SX NEED INTERVENTION	
PSYCHOTHERAPY	
REFERRAL TO MENTAL HEALTH	
REFUSED AIM EVALUATION	
REFUSED ANTIPSYCHOTICS	
REFUSED DEPRESSION ASSESSMENT	
REFUSED DEPRESSION RX/INTERVENTION	
REFUSED DEPRESSION SCREENING	
SCHIZOPHRENIA DIAGNOSIS	

NOTE: It isn’t necessary to enter an Effective Period when mapping terms, as this is already in the reminder definition. Enter an Effective Period only if you want to override the entry in the definition.

Example: Mapping a Local Health Factor Finding to the National Reminder Term

```
Select Reminder Term Management Option: TE  Reminder Term Edit
Select Reminder Term: DEPRESSION ASSESS POSITIVE (MDD)
Select FINDING ITEM: HF.DEPRESSION 1+
  Are you adding ' HF.DEPRESSION 1+ ' as a new FINDINGS (the 4th for this REMINDER
TERM)? No// Y (Yes)
  EFFECTIVE PERIOD: <Enter>
  USE INACTIVE PROBLEMS: N  NO
  WITHIN CATEGORY RANK: <Enter>
  EFFECTIVE DATE: <Enter>
  MH SCALE: <Enter>
  CONDITION: <Enter>
  CONDITION CASE SENSITIVE: <Enter>
  RX TYPE: <Enter>
Select FINDING ITEM: <Enter>
Input your edit comments.
Edit? NO// <Enter>
Select Reminder Term: <Enter>
```

This is where you enter the local finding that will be mapped to the national term. Note that it must use a prefix (HF for Health Factor, OI for Orderable Item, etc.).

3. **Run the Reminder Test option after term definition mapping is completed.**
   Review the results of patient data with each of the findings mapped to the term.
   Option: Reminders Test on the *Reminder Managers Menu*

```
Select Reminder Managers Menu Option: RT  Reminder Test
Select Patient:  APPLESEED,JOHNNY        4-30-44    466680999     YES    EMPLOYEE
 Enrollment Priority: GROUP 5    Category: IN PROCESS    End Date:

Select Reminder: VA-Depression Assessment
```

NOTE: See the Clinical Reminders Manager Manual for descriptions of the different elements of the test output.

4. **Use the Reminder Dialog options to edit the national (exported) dialogs.**

Once you have mapped the local findings to the national terms, you can then decide if you want to continue to use your local findings as the data elements that are captured, or if you want to use the national findings that are already mapped to the national terms.

If you want to continue to use your local findings, then be sure to edit the reminder dialog by identifying the element that allows for that data element to be collected. Change the finding item for that element to the local finding. The national reminders and dialogs can ***only*** be changed by changing the finding item in the nationally distributed elements to use your local finding item instead of the nationally distributed one.

Note that the AIMS reminder could be resolved in one of three ways: (1) by administering the AIMS, (2) by indicating that the patient was non-compliant with the prescribed medication, or (3) by indicating the patient refused the evaluation. Clinician narrative documentation of motor control is not sufficient.

NOTE: MH dialogs are exported as “disabled.” You must enable them, as follows, to use them (whether you use the dialogs as exported, or edit them):

Steps to add or edit dialog elements:

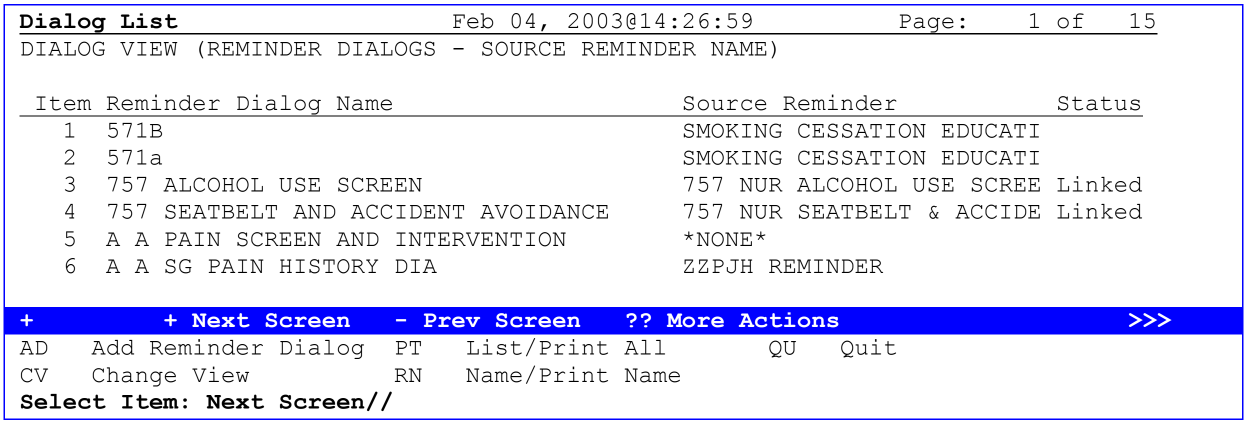
a. Select Dialog management (DM) from the Reminders Manager Menu, then select Dialog (DI):

```
Select Reminder Managers Menu Option: DM  Reminder Dialog Management

   DP     Dialog Parameters ...
   DI     Reminder Dialogs

Select Reminder Dialog Management Option: DI  Reminder Dialogs
```

```
Dialog List                    Feb 04, 2003@14:24:26          Page:    1 of   19
REMINDER VIEW (ALL REMINDERS BY NAME)

 Item Reminder Name                        Linked Dialog Name & Dialog Status
   1  757 NUR ALCOHOL USE SCREEN           757 ALCOHOL USE SCREEN
   2  757 NUR SEATBELT & ACCIDENT AVOID    757 SEATBELT AND ACCIDENT A
   3  A A BLOOD EXPOSURE
   4  A A PAIN VITAL SIGN                  VA-PAIN SCREEN AND HX
   5  A NEW REMINDER                       A NEW REMINDER
   6  AGETEST                              AGETEST                        Disabled
   7  ALCOHOL USE SCREEN                   ALCOHOL USE SCREEN DIALOG
   8  ANDREW TEST OBJECT                   ANDREW OBJECT

+         Enter ?? for more actions                                          >>>
AR   All reminders        LR   Linked Reminders     QU   Quit
CV   Change View          RN   Name/Print Name
Select Item: Next Screen//
```

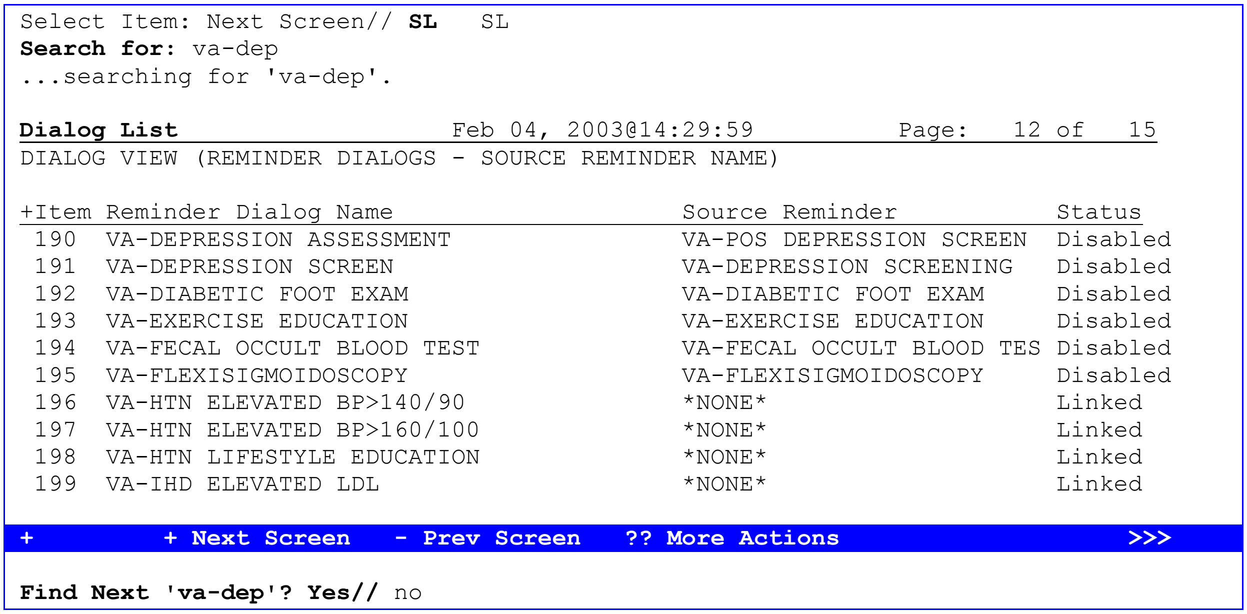
b. Use the Change View (CV) action to see the Dialog View.

```
Select Item: Next Screen// CV

     Select one of the following:

          D         Reminder Dialogs
          E         Dialog Elements
          F         Forced Values
          G         Dialog Groups
          P         Additional Prompts
          R         Reminders
          RG        Result Group (Mental Health)
          RE        Result Element (Mental Health)

TYPE OF VIEW: R// D
```



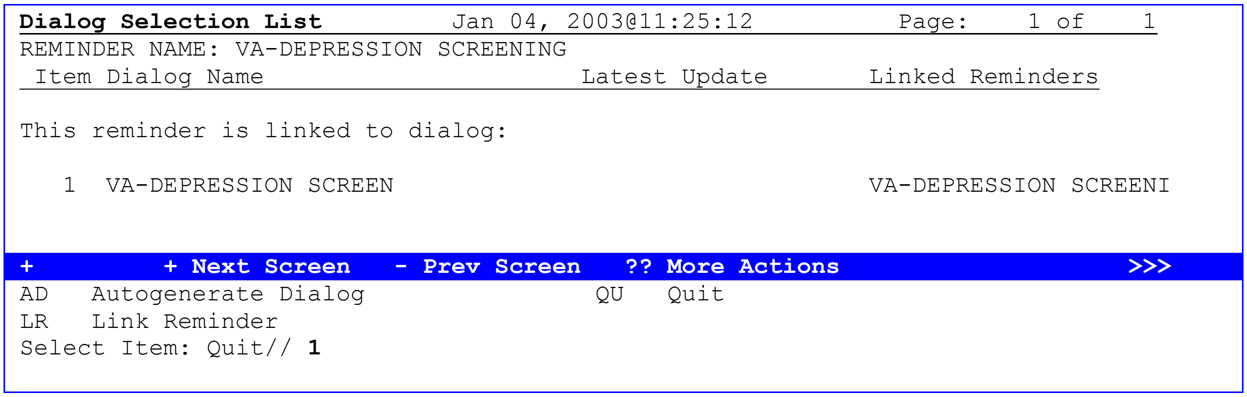
```
Dialog List                   Feb 04, 2003@14:26:59          Page:     1 of   15
DIALOG VIEW (REMINDER DIALOGS - SOURCE REMINDER NAME)

 Item Reminder Dialog Name                       Source Reminder           Status
   1  571B                                       SMOKING CESSATION EDUCATI
   2  571a                                       SMOKING CESSATION EDUCATI
   3  757 ALCOHOL USE SCREEN                     757 NUR ALCOHOL USE SCREE Linked
   4  757 SEATBELT AND ACCIDENT AVOIDANCE        757 NUR SEATBELT & ACCIDE Linked
   5  A A PAIN SCREEN AND INTERVENTION           *NONE*
   6  A A SG PAIN HISTORY DIA                    ZZPJH REMINDER

+         + Next Screen   - Prev Screen   ?? More Actions                   >>>
AD   Add Reminder Dialog  PT   List/Print All       QU   Quit
CV   Change View          RN   Name/Print Name
Select Item: Next Screen//
```

c. Use the Search List (SL) action to get to the MH–named dialogs, then enter the number of the reminder.



```
Select Item: Next Screen// SL   SL
Search for: va-dep
...searching for 'va-dep'.

Dialog List                   Feb 04, 2003@14:29:59          Page:    12 of   15
DIALOG VIEW (REMINDER DIALOGS - SOURCE REMINDER NAME)

+Item Reminder Dialog Name                       Source Reminder           Status
 190  VA-DEPRESSION ASSESSMENT                   VA-POS DEPRESSION SCREEN  Disabled
 191  VA-DEPRESSION SCREEN                       VA-DEPRESSION SCREENING   Disabled
 192  VA-DIABETIC FOOT EXAM                      VA-DIABETIC FOOT EXAM     Disabled
 193  VA-EXERCISE EDUCATION                      VA-EXERCISE EDUCATION     Disabled
 194  VA-FECAL OCCULT BLOOD TEST                 VA-FECAL OCCULT BLOOD TES Disabled
 195  VA-FLEXISIGMOIDOSCOPY                      VA-FLEXISIGMOIDOSCOPY     Disabled
 196  VA-HTN ELEVATED BP>140/90                  *NONE*                    Linked
 197  VA-HTN ELEVATED BP>160/100                 *NONE*                    Linked
 198  VA-HTN LIFESTYLE EDUCATION                 *NONE*                    Linked
 199  VA-IHD ELEVATED LDL                        *NONE*                    Linked

+         + Next Screen   - Prev Screen   ?? More Actions                   >>>

Find Next 'va-dep'? Yes// no
```

d. Select the dialog number to see details, and to enable the dialog.



```
Dialog Selection List         Jan 04, 2003@11:25:12          Page:     1 of    1
REMINDER NAME: VA-DEPRESSION SCREENING
 Item Dialog Name                        Latest Update       Linked Reminders

This reminder is linked to dialog:

   1  VA-DEPRESSION SCREEN                                   VA-DEPRESSION SCREENI


+         + Next Screen   - Prev Screen   ?? More Actions                   >>>
AD   Autogenerate Dialog               QU   Quit
LR   Link Reminder
Select Item: Quit// 1
```

```
  6            Dialog group: VA-GP DEP SCREEN PRIME MD
               Dialog elements:    5  VA-HF DEP 2 QUESTION NEG
                                   10 VA-HF DEP 2 QUESTION POS

 15            Dialog element: VA-TEXT BLANK LINE

 18            Dialog element: VA-MH DOM80
               Finding type: MENTAL HEALTH INSTRUMENT
               Finding item: DOM80 [MH(229)]

 20            Dialog element: VA-MH DOMG
               Finding type: MENTAL HEALTH INSTRUMENT
               Finding item: DOMG [MH(232)]

 22            Dialog element: VA-TEXT BLANK LINE WITH TEMPLATE FIELD


+         + Next Screen   - Prev Screen   ?? More Actions                   >>>
CO   Copy Dialog          DT   Dialog Text          RI   Reminder Inquiry
DD   Detailed Display     ED   Edit/Delete Dialog   QU   Quit
DP   Progress Note Text   INQ  Inquiry/Print
Select Sequence: Next Screen// ED    Edit/Delete Dialog
NAME: DEPRESSION SCREEN// <Enter>
DISABLE: DISABLED IN EXCHANGE  Replace D... With <Enter>   Replace <Enter>

   SURE YOU WANT TO DELETE? Y  (Yes)
```

e. Make other edits, as needed, by entering the dialog element number.

Ordering a Consult:
If your site wants to be able to order a consult from the "assessment" reminder, you need to create a quick order for the consult or a menu and put it in the finding item field indicated below:

```
10             Dialog element: HF DEP REFERRAL TO MHC
               Resolution: DONE AT ENCOUNTER
               Finding type:
               Finding item: <=======     e.g.  Q.ORZ GMENU MHC CONSULTS
               Additional Finding: REFERRAL TO MENTAL HEALTH [HF(612335)]
               Additional prompts: PXRM COMMENT
```

5. Verify that the reminders function properly.

a. Run a Reminders Due Report to determine if the MH Clinical Reminder statuses reported are correct.

Option: Reminders Due on the *Reminder Reports menu*

This report can be displayed at the beginning of the day for patients being seen that day. Reminder reports offer a way to review how the mapping and the local data will potentially be viewed by the extracts that will be sent to the Austin database from the reminders.

- Each of the reminders can be used in a reminder report to evaluate clinics or stop codes on their adherence/compliance with that reminder.

- The reports can be run to list individual patient names for chart review on reasons that the guideline was not or could not be achieved.
- Clinics, stop codes, or divisions can be identified by summary reports using these reminders where there are differences in compliance or poor adherence to the guideline.

b. Use the Reminder Test option to test the reminders.

Option: Reminders Test on the *Reminder Management menu*

1. Select a patient who had depression screening done within the last year.
   Run the Reminder Test option on the VA-Depression Assessment reminder definition.
   The status of the reminder should be “DONE.”
   Alternatively, use the clinical maintenance view in the CPRS GUI. The status of the reminder should be “DONE.”

2. Select a patient who has a depression diagnosis and has not had depression screening done within the last year and who is not on therapy for depression or receiving psychotherapy.
   Run the Reminder Test option on the VA-Depression Assessment reminder definition.
   The status of the reminder should be “DUE.”
   Alternatively, use the clinical maintenance view in the CPRS GUI. The status of the reminder should be “DUE.”

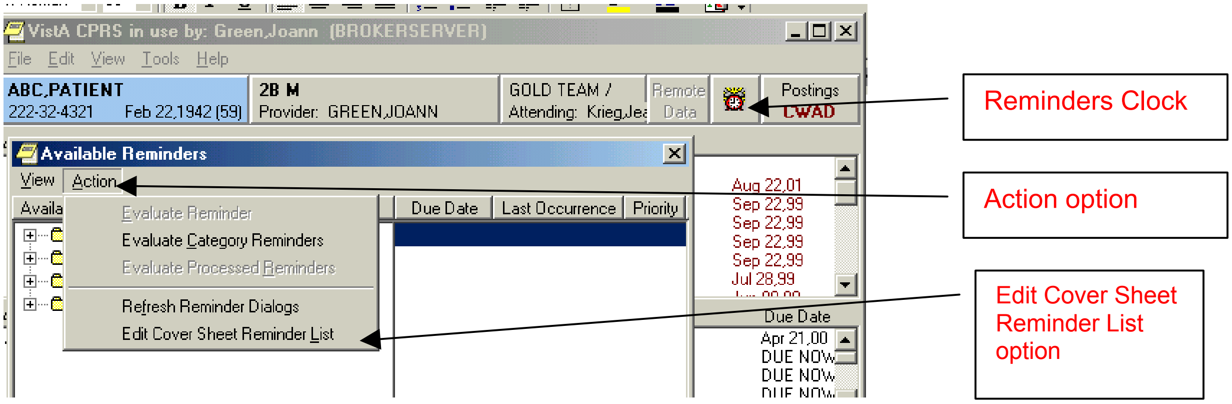
3. Select a patient who has had a positive depression screen within the past year, but hasn't had a more recent negative depression screen.
   Run the Reminder Test option on the VA-Depression Screening Pos - Followup reminder definition.
   The status of the reminder should be “Applicable.”
   Use the clinical maintenance view in the CPRS GUI. The status of the reminder should be “Applicable.”

4. Patient who has had a positive depression screen within the past year and has had a more recent negative depression screen.
   Run the Reminder Test option on the VA-Depression Screening Pos - Followup reminder definition.
   The status of the reminder should be "Not Applicable."
   Use the clinical maintenance view in the CPRS GUI. The status of the reminder should be " Not Applicable."

5. Select a patient who has a schizophrenia diagnosis, who is on an antipsychotic and had an AIMS test done within the last year.
   Run the Reminder Test option on the VA- Antipsychotic Med Side Eff Eval reminder definition. The status of the reminder should be “DONE.”
   Alternatively, use the clinical maintenance view in the CPRS GUI. The status of the reminder should be “DONE.”

6. Add the nationally distributed reminders to the CPRS Cover Sheet

a. Open a patient chart, click on the reminders clock, and when the available Reminders window opens, click on Action, and then select "Edit Cover Sheet Reminder List."

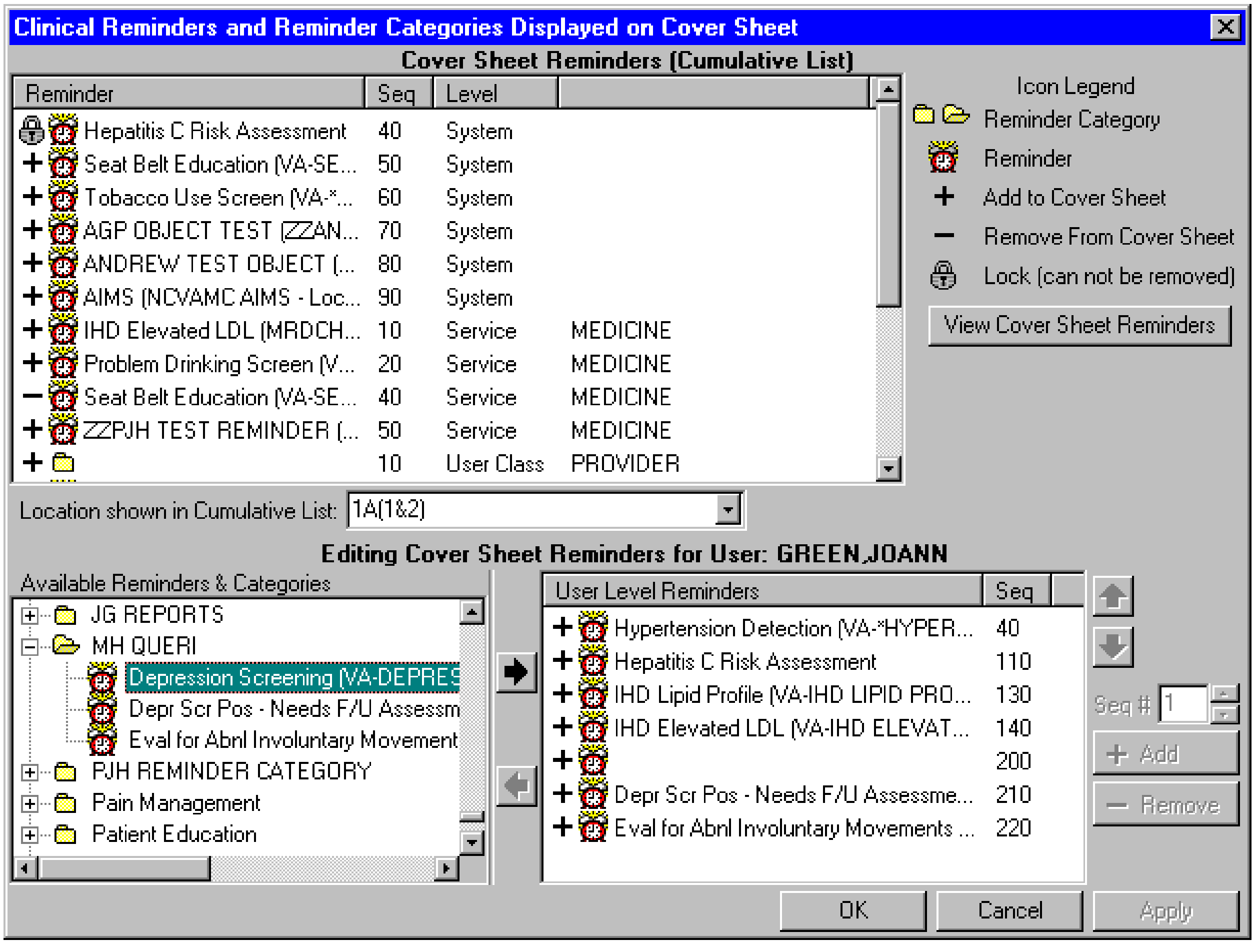

VistA CPRS in use by: Green,Joann (BROKERSERVER)
File Edit View Tools Help
ABC,PATIENT
222-32-4321 Feb 22,1942 (59)
2B M
Provider: GREEN,JOANN
GOLD TEAM /
Attending: Krieg,Je
Remote Data
Postings
CWAD
Available Reminders
View Action
Availa
Evaluate Reminder
Evaluate Category Reminders
Evaluate Processed Reminders
Refresh Reminder Dialogs
Edit Cover Sheet Reminder List
Due Date
Last Occurrence
Priority
Aug 22,01
Sep 22,99
Sep 22,99
Sep 22,99
Sep 22,99
Jul 28,99
Due Date
Apr 21,00
DUE NOW
DUE NOW
DUE NOW

Reminders Clock

Action option

Edit Cover Sheet Reminder List option

b. When the Cover Sheet Reminder List opens, find the depression and AIMS reminders.


Clinical Reminders and Reminder Categories Displayed on Cover Sheet
Icon Legend
Reminder Category
Reminder
Add to Cover Sheet
Remove From Cover Sheet
Lock (can not be removed)
View Cover Sheet Reminders
OK
Cancel
Apply
Seq #
Add
Remove

Cover Sheet Reminders (Cumulative List)

Reminder	Seq	Level	
Hepatitis C Risk Assessment	40	System	
+ Seat Belt Education (VA-SE...	50	System	
+ Tobacco Use Screen (VA-*...	60	System	
+ AGP OBJECT TEST (ZZAN...	70	System	
+ ANDREW TEST OBJECT (...	80	System	
+ AIMS (NCVAMC AIMS - Loc...	90	System	
+ IHD Elevated LDL (MRDCH...	10	Service	MEDICINE
+ Problem Drinking Screen (V...	20	Service	MEDICINE
− Seat Belt Education (VA-SE...	40	Service	MEDICINE
+ ZZPJH TEST REMINDER (...	50	Service	MEDICINE
+	10	User Class	PROVIDER

Location shown in Cumulative List: 1A(1&2)

Editing Cover Sheet Reminders for User: GREEN,JOANN

Available Reminders & Categories
- JG REPORTS
- MH QUERI
  - Depression Screening (VA-DEPRES
  - Depr Scr Pos - Needs F/U Assessm
  - Eval for Abnl Involuntary Movement
- PJH REMINDER CATEGORY
- Pain Management
- Patient Education

User Level Reminders	Seq
+ Hypertension Detection (VA-*HYPER...	40
+ Hepatitis C Risk Assessment	110
+ IHD Lipid Profile (VA-IHD LIPID PRO...	130
+ IHD Elevated LDL (VA-IHD ELEVAT...	140
+	200
+ Depr Scr Pos - Needs F/U Assessme...	210
+ Eval for Abnl Involuntary Movements ...	220

c. Click on the Depression Screening (VA-DEPRESSION SCREENING) reminder and click the Add button (or double-click the reminder).

d. Click on the Depr Scr Pos – Needs F/U Assessment (VA- POS DEPRESSION SCREEN FOLLOWUP) reminder and click the Add button (or double-click the reminder).

e. Click on the Eval for Abnl Involuntary Movement (VA- ANTIPSYCHOTIC MED SIDE EFF EVAL) reminder and click the Add button (or double-click the reminder).

NOTE: Make sure that the AIMS reminder does not appear for clinicians who are not responsible for the management of antipsychotic-medication side-effects. This can be accomplished by using the CPRS cover sheet parameters to display the reminder only to those users who evaluate the patients for side-effects of antipsychotics.

7. Verify that the dialogs function properly

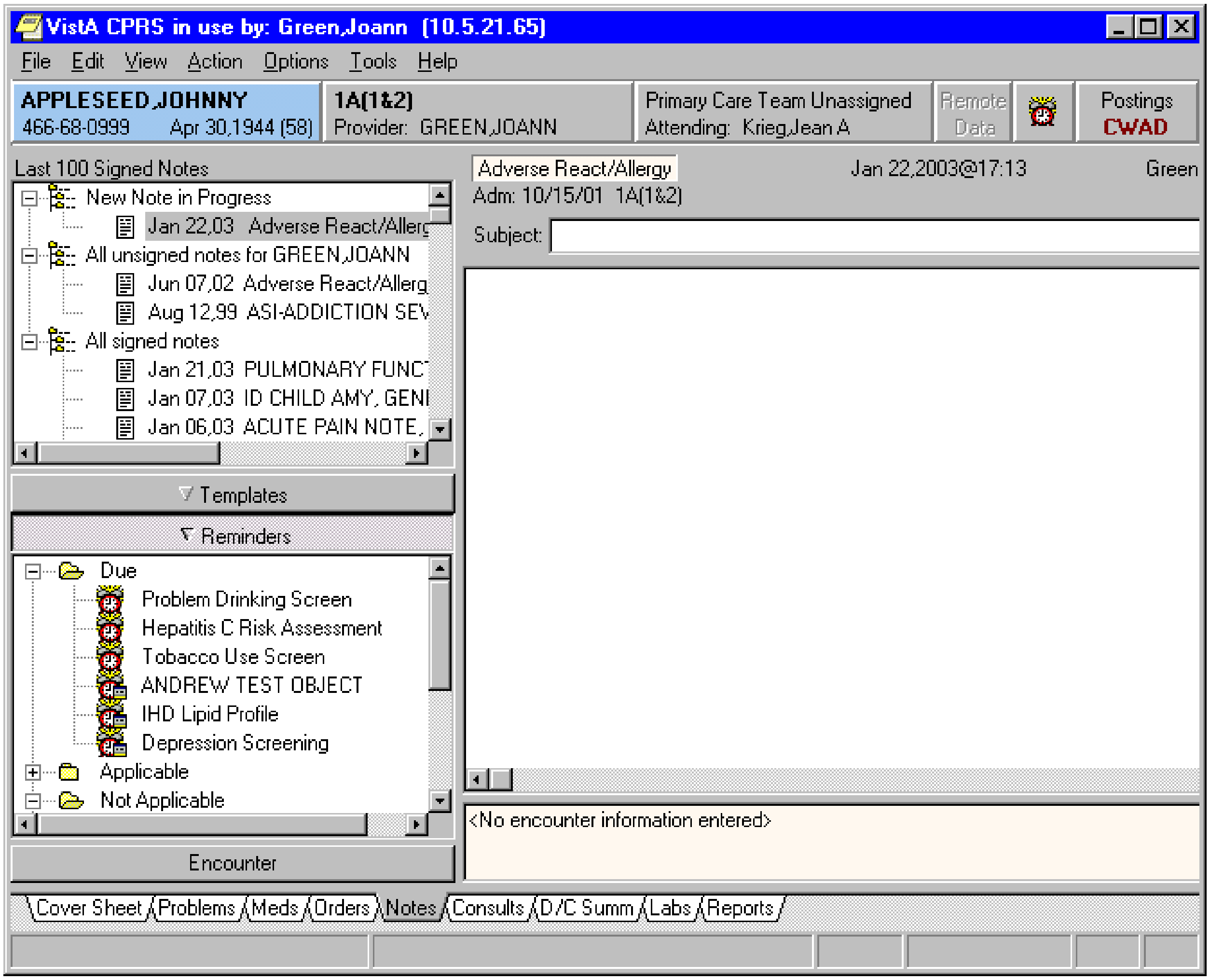
Test the MH Reminder dialogs in CPRS, using either the exported dialogs or your locally created dialogs. Using point-and-click reminder resolution processing through CPRS GUI, verify the following:

- Correct Progress Note text is posted
- Finding Item gets sent to PCE
- Reminder is satisfied

Check the Clinical Maintenance component display in CPRS after testing dialogs to ensure that all the activities are tested are reflected in the clinical maintenance display.

Steps to test dialogs:

1. On the cover sheet, click on the Reminders icon.
2. Click on reminders in the Reminders box to see details of a reminder
3. Open the Notes tab and select New Note. Enter a title.
4. Open the Reminders drawer and review the contents.


VistA CPRS in use by: Green,Joann (10.5.21.65)
File Edit View Action Options Tools Help
Remote Data
Postings
CWAD
Last 100 Signed Notes
Templates
Reminders
Encounter
Cover Sheet Problems Meds Orders Notes Consults D/C Summ Labs Reports

APPLESEED,JOHNNY
466-68-0999 Apr 30,1944 (58)
1A(1&2)
Provider: GREEN,JOANN
Primary Care Team Unassigned
Attending: Krieg,Jean A

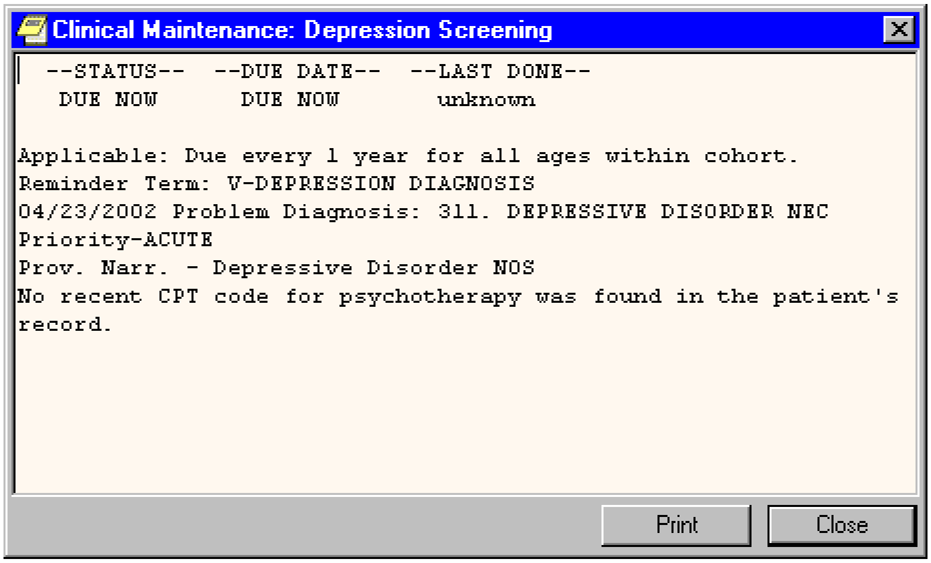
- New Note in Progress
  - Jan 22,03 Adverse React/Allerg
- All unsigned notes for GREEN,JOANN
  - Jun 07,02 Adverse React/Allerg
  - Aug 12,99 ASI-ADDICTION SEV
- All signed notes
  - Jan 21,03 PULMONARY FUNCT
  - Jan 07,03 ID CHILD AMY, GENI
  - Jan 06,03 ACUTE PAIN NOTE,

Adverse React/Allergy Jan 22,2003@17:13 Green
Adm: 10/15/01 1A(1&2)
Subject:

- Due
  - Problem Drinking Screen
  - Hepatitis C Risk Assessment
  - Tobacco Use Screen
  - ANDREW TEST OBJECT
  - IHD Lipid Profile
  - Depression Screening
- Applicable
- Not Applicable

<No encounter information entered>

5. Locate the Depression Screening reminder dialog and open it.
6. In the dialog box, check relevant actions.
7. Finish the reminder processing.
8. Review the text added to the note to assure its correctness.
9. Ensure that the reminder can be satisfied by the individual finding items that were mapped to the reminder terms.
10. Check the Clinical Maintenance component display in Health Summaries and CPRS after the reminder dialog is complete.



```
 --STATUS--  --DUE DATE--  --LAST DONE--
  DUE NOW      DUE NOW       unknown

Applicable: Due every 1 year for all ages within cohort.
Reminder Term: V-DEPRESSION DIAGNOSIS
04/23/2002 Problem Diagnosis: 311. DEPRESSIVE DISORDER NEC
Priority-ACUTE
Prov. Narr. - Depressive Disorder NOS
No recent CPT code for psychotherapy was found in the patient's
record.
```

11. Repeat steps 5-10 for the Depression Assessment and AIMS dialogs.

NOTE: Remember to "refresh" the screen after completing a dialog, if you want to see the updated status immediately. This is especially critical if you're doing the screening reminder and want to see the follow-up reminder become due because of positive results.

8. (Optional) Add national health factors to Health Summaries and Encounter Forms

If you choose to begin to use the national health factors for data collection, be sure to add these national health factors to any health summaries and encounter forms where their display or use is appropriate.

Q & A – Helpful Hints

Q: Can we rename our Eval for Abnormal Invol Mvmt dialog to AIMS, to be more recognizable to providers – that is, change the PRINT NAME?

A: Yes (see example below).

```
Select Reminder Definition Management Option: RE  Add/Edit Reminder
   Definition

Select Reminder Definition: VA-A
     1   VA-ANTIPSYCHOTIC MED SIDE EFF EVAL       LOCAL
     2   VA-ALCOHOL USE SCREENING    NEW PROPOSED ALCOHOL USE SCREEN
   LOCAL
CHOOSE 1-2: 1  VA-ANTIPSYCHOTIC MED SIDE EFF EVAL     LOCAL

     Select one of the following:

          A         All reminder details
          G         General
          B         Baseline Frequency
          F         Findings
          L         Logic
          D         Reminder Dialog
          W         Web Addresses

Select section to edit: D  Reminder Dialog

Reminder Dialog
LINKED REMINDER DIALOG: VA-ANTIPSYCHOTIC MED SIDE EFF EVAL// <Enter>

     Select one of the following:

          A         All reminder details
          G         General
          B         Baseline Frequency
          F         Findings
          L         Logic
          D         Reminder Dialog
          W         Web Addresses

Select section to edit: All reminder details


NAME: VA-ANTIPSYCHOTIC MED SIDE EFF EVAL  Replace <Enter>


PRINT NAME: Eval for Abnl Involuntary Movements  Replace E… With AIMS
```

Q: Our site uses a computed finding to link reminders to Progress Note titles. Can we add that to these reminders?

A: Yes

Q: What is a National Reminder?

A: National reminders are clinical reminders and reminder dialogs that have gone through an approval process for national distribution. Some national reminders are related to statutory, regulatory, or Central Office mandates such as Hepatitis C, MST, or Pain. Other national reminders are being developed under the guidance of the VA National Clinical Practice Guideline Council (NCPGC).

Guideline-related reminders are being developed for two reasons:

1. To provide reminders for sites that don't have reminders in place for a specific guideline (e.g., HTN, HIV).
2. To provide a basic set of reminders to all sites to improve clinical care, and also allow roll-up data for measurement of guideline implementation and adherence (e.g., IHD, Mental Health).

Q: Can national reminders or dialogs ever be locally modified?

A: The only way national reminders and dialogs can be modified is by changing the finding item in the nationally distributed dialog elements to use your local finding item instead of the nationally distributed one.

Q: How can we check parameters to see if anyone sees the reminder?

A: The simplest way to view whether an individual is seeing the depression reminders is to open the reminder cover sheet editor by clicking on the reminder clock in CPRS, picking the Action men, and then choosing "Edit Cover Sheet Reminders." A button on the dialog allows you to view the entire list of reminders that are seen by an individual user.

From the listing above, you can determine "where" the reminder that a user sees actually comes from (System level, Division, Location, User, etc.). You should make a determination as to whether the reminder needs to be added at a specific level in order to be seen by the appropriate group of users.

Any clinicians who see primary care patients or who might need or want to follow or manage -- should see the depression reminder. In many centers, the nurses who manage or have the ability to enter policy orders should also see this reminder.

The depression Reminders should also be seen by these same clinicians and potentially by the nursing staff.

Q: I am trying to run a Reminders Due report for a "Selected Hospital Location" and keep getting the following message: "Location has no facility code." I've had my MAS ADPAC

check the profile for this clinic and he said it doesn't ask for that. I also had him check in the MAS file for that location and he said it's set up like all similar clinical locations.
Can you tell me what is the problem and how can I get this fixed.

A: This message is a result of the institution field in File 44 not being populated.
The message comes when the following call returns a null value:

```
S FACILITY=$$FACL^PXRMXAP(IEN)
```

```
^SC(301,0) = LOC NOFAC^BOO^C^^^^141^M^^^IN THE GRAVEYARD^^^^12^^N^1
^SC(309,0) = JUDY EXAMS^^C^500^^^108^0^^^^^^^2^^N^^Y^^0^1
```

Notice 4th piece - 301 returns null in call above, 309 returns 500.

Q: What should we do if we already have depression reminders?

A: If you choose to continue using your local reminder and dialog, you need to make sure that your local health factors and lab tests are mapped appropriately to the national terms.

If you prefer to continue using your local reminder, you need to be absolutely sure that you are collecting all of the data that will eventually be transmitted to the Austin database.

In many cases, it may be safer to switch to using the national reminder or a copy of the national reminder in order to be sure that all of the possible resolutions are being collected locally. There is nothing wrong with abandoning some local health factors or reminders in favor of using the national dialogs and reminders or copies of them. Health factors that you elect to stop collecting in dialogs should be inactivated so that they are not inadvertently entered through PCE.

Other Local Reminder Issues

Modifications in term evaluation logic may change how some reminder terms work. This is only an issue if there are conditions within the term

- Previous logic: date of most recent finding in which the condition is true is passed to the reminder for evaluation
- New logic: Most recent finding in the term is used and then condition applied and results passed to the reminder for evaluation.

Implications of term logic changes:

–Terms that combine lab tests will always pass forward the most recent result

–Terms that combine dissimilar findings (immunizations, medications and orderable items) may not behave as they did before.

Term Logic Change Example

A term combining various ways to document influenza immunizations:

```
Finding Item:  INFLUENZA ICD &CPT CODES FI(5)=TX(664003))
Finding Type:  REMINDER TAXONOMY

Finding Item:  INFLUENZA  (FI(9)=IM(12))
Finding Type:  IMMUNIZATION

Finding Item:  INFLUENZA  (FI(10)=DG(141))
Finding Type:  VA GENERIC
Effective Period:  1Y
Finding Item:  INFLUENZA INJ   (FI(11)=OI(2892))
Finding Type:  ORDERABLE ITEM
Condition:  I V="complete"
```

1. An immunization administered in November 2001 and documented in the PCE immunization file.
2. An order placed (orderable item) for an immunization that was not completed.

Old Logic	New Logic
The more recent orderable item is incomplete and doesn't meet the condition.	The most recent finding is the orderable item
The reminder is satisfied by the "im" finding which is true	The orderable item does not meet the condition and the term reports a "false".
The reminder is satisfied	The reminder is due

Hints for Successful Term Mapping

1. Review any reminders related to depression that already exist on your system. You may have depression reminders for all patients, Mental Health patients, or patients with Depression.
2. List any health factors or data elements being collected in the local reminders.
3. Find any tests that represent an —currently in use or used in the past year.
4. Go through each reminder term listed in the reminder definitions and enter each of the local findings (health factors and lab tests) that match up with the reminder term.
5. Then, take your lists of local findings and make sure that each one is matched up to at least one reminder term.
6. Then, check each reminder term and make sure that there is at least one finding in each term that is being used in a dialog.

Appendices

Appendix A: MH Reminder Descriptions
Appendix B: MH Dialog Descriptions
Appendix C: MH Reminder Term Descriptions
Appendix D: MH Reminder Taxonomy Descriptions
Appendix E: MH Reminder Health Factors
Appendix F: How to modify AIMS reminders to allow reporting of patients with schizophrenia who are on antipsychotics
Appendix G: How to modify Screening Reminder Dialog to combine Screening and Assessment dialogs
Appendix H: How to Create and Use Computed Findings

Appendix A: Depression Reminder Definitions

VA-DEPRESSION SCREENING

```
REMINDER DEFINITION INQUIRY                      Feb 02, 2003 8:23:46 am  Page 1
--------------------------------------------------------------------------------

VA-DEPRESSION SCREENING            No.  135
--------------------------------------------

Print Name:                   Depression Screening

Class:                        NATIONAL

Sponsor:                      JOHN D DEMAKIS

Review Date:

Usage:                        CPRS, REPORTS

Related VA-* Reminder:

Reminder Dialog:              VA-DEPRESSION SCREEN

Priority:

Reminder Description:
    Screening for Depression using a standard tool should be done on a yearly
    basis.

    The yearly screening is satisfied by entry of a health factor indicating
    positive or negative results for the 2 question MacArthur screening tool
    or by entry of negative or positive results of any of the following in
    the MH package:
              Negative                    Positive
                DOM80=0                      DOM80=1
                DOMG<4                       DOMG>3
                CRS<10                       CRS>9
                BDI<10                       BDI>9
                Zung<33                      Zung>32

    The reminder is also resolved by entry of information indicating that the
    patient is already being treated/evaluated in a Mental Health clinic as
    indicated by entry of a health factor of:
       CURRENT F/U OR RX FOR DEPRESSION.

       This health factor is in the reminder term: DEPRESSION THERAPY.

    Patients are automatically excluded from the cohort if they have a recent
    diagnosis of depression (ICD code in the past 1 year) and have either a
    CPT code for psychotherapy in the past 3 months or are on antidepressant
    medication (current supply of medication in the past 3 months).

    Sites that use a different screening tool than the 2 question MacArthur
    screening tool will need to create local health factors to indicate a
    positive or negative result and will need to map those local health
    factors to the national terms:

        DEPRESSION SCREEN NEGATIVE
        DEPRESSION SCREEN POSITIVE


    Reminder terms are included in this reminder to indicate if patients
    cannot be screened due to an acute or chronic medical condition.

        ACUTE MEDICAL CONDITION
        CHRONIC MEDICAL CONDITION
    The health factors for these terms are:
        UNABLE TO SCREEN-ACUTE MED CONDITION  (resolves the reminder for 3M)
        UNABLE TO SCREEN-CHRONIC MED CONDITION (resolves the reminder for 1Y).


    The reminder term DEPRESSION SCREEN DONE RESULT UNKNOWN is included for
    sites where a health factor or exam was being collected to indicate that
    depression screening was being done using an appropriate tool but the
    result (positive or negative) was not being recorded.  This term is
    included ONLY to allow sites to make the conversion to collecting
    positive and negative screens - any health factors or exams that a site
    maps to this term should NOT be included for use on any dialog or on an
    encounter form and should not be used in the future.

Technical Description:

Edit History:

    Edit date:  Jan 16, 2003@16:00:39   Edit by:    SMITH,VAUGHN
    Edit Comments:

Baseline Frequency:

      Do In Advance Time Frame:  Wait until actually DUE
                  Sex Specific:
                 Ignore on N/A:
       Frequency for Age Range:  1 year for all ages
                    Match Text:
                 No Match Text:


Findings:

                 Finding Item: DEPRESSION SCREEN NEGATIVE  (FI(1)=RT(82))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR

                 Finding Item: DEPRESSION SCREEN POSITIVE  (FI(2)=RT(83))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR

                 Finding Item: DEPRESSION DIAGNOSIS  (FI(3)=RT(80))
                 Finding Type: REMINDER TERM
             Effective Period: 1Y

                 Finding Item: DEPRESSION THERAPY  (FI(4)=RT(78))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR

                 Finding Item: REFUSED DEPRESSION SCREENING  (FI(5)=RT(81))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR
             Effective Period: 3M

                 Finding Item: PSYCHOTHERAPY  (FI(6)=RT(77))
                 Finding Type: REMINDER TERM
             Effective Period: 3M
                   Found Text: A recent CPT code indicating that the patient
                                has received psychotherapy has been found.
                                This may indicate ongoing treatment.
               Not Found Text: No recent CPT code for psychotherapy was found
                                in the patient's record.

                 Finding Item: ANTIDEPRESSANT MEDICATIONS  (FI(7)=RT(79))
                 Finding Type: REMINDER TERM
             Effective Period: 3M

                 Finding Item: ACUTE MEDICAL CONDITION  (FI(8)=RT(84))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR
```

```
             Effective Period: 3M

                 Finding Item: CHRONIC MEDICAL CONDITION  (FI(9)=RT(85))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR
             Effective Period: 1Y

                 Finding Item: DEPRESSION SCREEN DONE RESULT UNKNOWN (FI(10)=RT(98))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR

General Patient Cohort Found Text:

General Patient Cohort Not Found Text:

General Resolution Found Text:

General Resolution Not Found Text:

Customized PATIENT COHORT LOGIC to see if the Reminder applies to a patient:
     (SEX)&'(FI(3)&(FI(6)!FI(7)))

Expanded Patient Cohort Logic:
     (SEX)&'(FI(DEPRESSION DIAGNOSIS)&(FI(PSYCHOTHERAPY)!
     FI(ANTIDEPRESSANT MEDICATIONS)))

Default RESOLUTION LOGIC defines findings that resolve the Reminder:
     FI(1)!FI(2)!FI(4)!FI(5)!FI(8)!FI(9)!FI(10)

Expanded Resolution Logic:
     FI(DEPRESSION SCREEN NEGATIVE)!FI(DEPRESSION SCREEN POSITIVE)!
     FI(DEPRESSION THERAPY)!FI(REFUSED DEPRESSION SCREENING)!
     FI(ACUTE MEDICAL CONDITION)!FI(CHRONIC MEDICAL CONDITION)!
     FI(DEPRESSION SCREEN DONE RESULT UNKNOWN)


Web Sites:

 Web Site URL:
http://www.oqp.med.va.gov/cpg/MDD/MDD_Base.htm

 Web Site Title:  VA CPG for Depressive Disorder


 Web Site URL:
http://www.oqp.med.va.gov/cpg/MDD/G/A_Keyp.pdf

 Web Site Title:  VA CPG Key Points of Module A (PC)


 Web Site URL:
http://www.oqp.med.va.gov/cpg/MDD/G/A_Pock.pdf

 Web Site Title:  VA CPG Pocket Card for Module A (PC)
```

VA- POS DEPRESSION SCREEN FOLLOWUP

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REMINDER DEFINITION INQUIRY                      Feb 02, 2003 8:24:47 am  Page 1
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VA-POS DEPRESSION SCREEN FOLLOWUP  No.  179
--------------------------------------------

Print Name:                   Depr Scr Pos - Needs F/U Assessment

Class:                        NATIONAL

Sponsor:                      JOHN D DEMAKIS

Review Date:

Usage:                        CPRS, REPORTS

Related VA-* Reminder:

Reminder Dialog:              VA-DEPRESSION ASSESSMENT

Priority:

Reminder Description:
    The following reminder terms are included in this reminder.
      ANTIDEPRESSANT MEDICATIONS
      DEPRESSION DIAGNOSIS
      DEPRESSION ASSESS COMPLETED IN MHC
      DEPRESSION ASSESS INCONCLUSIVE (? MDD)
      DEPRESSION ASSESS NEGATIVE (NOT MDD)
      DEPRESSION ASSESS POSITIVE (MDD)
      DEPRESSION SCREEN NEGATIVE
      DEPRESSION SCREEN POSITIVE
      DEPRESSION THERAPY
      DEPRESSION TO BE MANAGED IN PC
      PSYCHOTHERAPY
      REFERRAL TO MENTAL HEALTH
      REFUSED DEPRESSION ASSESSMENT
      REFUSED DEPRESSION RX/INTERVENTION
      NO DEPRESSIVE SX NEED INTERVENTION

    The reminder is applicable if the patient has positive depression screen
    in the past 1 year (DEPRESSION SCREEN POSITIVE).  If a more recent
    negative depression screen is entered, then the reminder becomes not
    applicable (DEPRESSION SCREEN NEGATIVE).

    The reminder is resolved by DEPRESSION ASSESS COMPLETED IN MHC, which
    includes the entry of a BDI, CRS or ZUNG depression scale in the mental
    health package or by psychotherapy in the past 3 months.

    If the patient has a recent diagnosis of depression and is on medication
    for depression, the reminder is resolved.

    If the patient refuses additional assessment of the positive depression
    screen or refuses recommended therapy for depression, the reminder is
    resolved for 3 months  (REFUSED DEPRESSION ASSESSMENT

    A refusal after the assessment is completed resolves the reminder for a
    year.  (Entry of REFUSED DEPRESSION RX/INTERVENTION can only be done in
    conjunction with a positive, negative or inconclusive assessment - each
    of which resolves the reminder for one year).

    If an entry is made to indicate that the patient is already being treated
    for depression, the reminder is resolved.  DEPRESSION THERAPY

    The reminder is also resolved if it is indicated that the depression will
    be managed in PC.  (DEPRESSION TO BE MANAGED IN PC)

    The reminder is resolved for 3 months by a referral to Mental Health
    (REFERRAL TO MENTAL HEALTH) or by the presence of a recent code for
    psychotherapy (PSYCHOTHERAPY).    But if the entry of the referral is
    made in conjuction with the negative, positive, or inconclusive
    assessment then the reminder is resolved for one year.

    Assessment of the patient based on DSM-IV criteria will resolve the
    reminder for one year:
       DEPRESSION ASSESS NEGATIVE (NOT MDD)
       DEPRESSION ASSESS POSITIVE (MDD)
       DEPRESSION ASSESS INCONCLUSIVE

    The reminder is resolved by entry of NO DEPRESSIVE SX NEED INTERVENTION
    which is entered in conjunction with a negative assessment.

Technical Description:

Edit History:

    Edit date:  Jan 17, 2003@07:00:39   Edit by:    SMITH,VAUGHN
    Edit Comments:


Baseline Frequency:

      Do In Advance Time Frame:  Wait until actually DUE
                  Sex Specific:
                 Ignore on N/A:
       Frequency for Age Range:  1 year for all ages
                    Match Text:
                 No Match Text:


Findings:

                 Finding Item: DEPRESSION SCREEN POSITIVE  (FI(1)=RT(83))
                 Finding Type: REMINDER TERM
  Use in Patient Cohort Logic: AND
             Effective Period: 1Y
                   Found Text: The patient has a positive depression screen.
                                Additional assessment for "red flags", risk of
                                suicide, need for treatment or referral to
                                Mental Health should be undertaken.  Assess the
                                patient for the presence of Major Depressive
                                Disorder based on the DSM-IV criteria.

                 Finding Item: DEPRESSION SCREEN NEGATIVE  (FI(2)=RT(82))
                 Finding Type: REMINDER TERM

                 Finding Item: ANTIDEPRESSANT MEDICATIONS  (FI(3)=RT(79))
                 Finding Type: REMINDER TERM
             Effective Period: 30D

                 Finding Item: DEPRESSION DIAGNOSIS  (FI(4)=RT(80))
                 Finding Type: REMINDER TERM
             Effective Period: 1Y

                 Finding Item: PSYCHOTHERAPY  (FI(5)=RT(77))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR
             Effective Period: 3M

                 Finding Item: DEPRESSION THERAPY  (FI(6)=RT(78))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR
             Effective Period: 1Y

                 Finding Item: REFERRAL TO MENTAL HEALTH  (FI(7)=RT(100))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR

                 Finding Item: DEPRESSION TO BE MANAGED IN PC  (FI(8)=RT(89))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR

                 Finding Item: DEPRESSION ASSESS INCONCLUSIVE (? MDD) (FI(9)=RT(88))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR

                 Finding Item: DEPRESSION ASSESS NEGATIVE (NOT MDD) (FI(10)=RT(117))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR

                 Finding Item: DEPRESSION ASSESS POSITIVE (MDD)  (FI(11)=RT(87))

                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR

                 Finding Item: REFUSED DEPRESSION ASSESSMENT  (FI(12)=RT(90))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR
             Effective Period: 3M

                 Finding Item: REFUSED DEPRESSION RX/INTERVENTION (FI(13)=RT(91))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR
             Effective Period: 3M

                 Finding Item: DEPRESSION ASSESS COMPLETED IN MHC (FI(14)=RT(99))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR

                 Finding Item: NO DEPRESSIVE SX NEED INTERVENTION (FI(15)=RT(101))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR

General Patient Cohort Found Text:

General Patient Cohort Not Found Text:

General Resolution Found Text:

General Resolution Not Found Text:

Customized PATIENT COHORT LOGIC to see if the Reminder applies to a patient:
     FI(1)&(MRD(FI(1))>MRD(FI(2)))

Expanded Patient Cohort Logic:
     FI(DEPRESSION SCREEN POSITIVE)&(MRD(FI(DEPRESSION SCREEN POSITIVE))>
     MRD(FI(DEPRESSION SCREEN NEGATIVE)))

Customized RESOLUTION LOGIC defines findings that resolve the Reminder:
     (FI(3)&FI(4))!FI(5)!FI(6)!FI(7)!FI(8)!FI(9)!FI(10)!FI(11)!FI(12)!FI(13)!
     FI(14)!FI(15)

Expanded Resolution Logic:
     (FI(ANTIDEPRESSANT MEDICATIONS)&FI(DEPRESSION DIAGNOSIS))!FI(PSYCHOTHERAPY)
     !FI(DEPRESSION THERAPY)!FI(REFERRAL TO MENTAL HEALTH)!
     FI(DEPRESSION TO BE MANAGED IN PC)!
     FI(DEPRESSION ASSESS INCONCLUSIVE (? MDD))!
     FI(DEPRESSION ASSESS NEGATIVE (NOT MDD))!
     FI(DEPRESSION ASSESS POSITIVE (MDD))!FI(REFUSED DEPRESSION ASSESSMENT)!
     FI(REFUSED DEPRESSION RX/INTERVENTION)!
     FI(DEPRESSION ASSESS COMPLETED IN MHC)!
     FI(NO DEPRESSIVE SX NEED INTERVENTION)


Web Sites:

 Web Site URL:
http://www.oqp.med.va.gov/cpg/MDD/MDD_Base.htm

 Web Site Title:  VA CPG for Depressive Disorder
 Web Site URL:
http://www.oqp.med.va.gov/cpg/MDD/G/A_Keyp.pdf

 Web Site Title:  VA CPG Key Points of Module A (PC)


 Web Site URL:
http://www.oqp.med.va.gov/cpg/MDD/G/A_Pock.pdf

 Web Site Title:  VA CPG Pocket Card for Module A (PC)
```

ANTIPSYCHOTIC MED SIDE EFF EVAL Reminder

The AIMS reminder has been designed to be due on all patients who are on any one of the antipsychotics (excluding ones like compazine). The taxonomy for Schizophrenia is included in the reminder, but will not be part of the cohort logic. By leaving the taxonomy in the reminder, data roll-up can use the Report Extracts functionality in version 2, either with or without information on patients with Schizophrenia.

Instructions are provided in Appendix E about how to copy this reminder and modify the copy to allow a site to create a second reminder for reporting of patients with Schizophrenia who are on an antipsychotic (reporting numbers that match the performance measure).

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REMINDER DEFINITION INQUIRY                      Feb 02, 2003 8:24:29 am  Page 1
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VA-ANTIPSYCHOTIC MED SIDE EFF EVAL No.  177
--------------------------------------------

Print Name:                   Eval for Abnl Involuntary Movements

Class:                        NATIONAL

Sponsor:                      JOHN D DEMAKIS

Review Date:

Usage:                        CPRS, REPORTS

Related VA-* Reminder:

Reminder Dialog:              VA-AIMS

Priority:

Reminder Description:
    Prolonged use of antipsychotic medications can result in abnormal
    involuntary movement disorders, which can be managed by changing
    medications, altering the dose of a medication, or prescribing
    medications to control the movement disorder symptoms. Thus, the
    Psychoses Clinical Practice Guideline recommends an evaluation of
    movement disorder symptoms annually for patients on antipsychotic
    medications using either the Abnormal Involuntary Movement Scale (AIMS)
    or the Simpson-Angus. The proposed reminder would prompt clinicians to
    complete an evaluation of movement disorders once a year on patients
    taking antipsychotic medications. The biggest challenge in defining this
    reminder is the identification of the cohort of patients to whom it is
    applicable. The pharmacy database structure does not make it easy to
    identify patients who have been on antipsychotics for a prolonged period
    of time. Even if it did, there are some patients who have not received
    antipsychotics from VHA for an extended period but who have been
    receiving these medications for a long time from non-VHA sources or who
    are receiving depot neuroleptics from ward stock (not recorded in the
    pharmacy files.). If the cohort were defined simply as any patients
    currently on an antipsychotic, it would be applicable to patients who
    have been on an antipsychotic for a very brief period of time. The
    solution to the cohort problem taken by the proposed reminder is to limit
    the applicability of the reminder to patients on specific antipsychotic
    drug classes which do not include those medications commonly used as
    antiemetics.

    Sites should ensure that the AIMS reminder does not appear for clinicians
    who are not responsible for the management of antipsychotic medication
    side effects. This can be accomplished by using the CPRS cover sheet
    parameters to display the reminder only to those users who evaluate the
    patients for side effects of antipsychotics.
    The proposed reminder could be resolved in one of three ways: (1) by
    administering the AIMS, (2) by indicating that the patient was
    non-compliant with the prescribed medication, or (3) by indicating the
    patient refused the evaluation. Clinician narrative documentation of
    motor control is not sufficient.

    This national reminder contains reminder terms for the positive and
    negative evaluation for abnormal involuntary movements. If sites use a
    local health factor or exam or use the Simpson-Angus and record the
    results as a health factor, then those sites will need to map the
    findings to the terms and add appropriate entries to the dialog to match:

      AIM EVALUATION NEGATIVE
      AIM EVALUATION POSITIVE

    The only findings in these reminder terms that are exported are the
    results of the AIMS from the Mental Health package.

    The reminder term ANTIPSYCHOTIC MEDICATIONS contains the drug classes
    CN701 and CN709.  In addition, a health factor is included in this term
    for use in recording that the patient is on a depot antipsychotic that is
    being administered in clinic from ward stock. If the medication is not
    dispensed from the pharmacy, then no data is available to the reminder to
    determine that the patient is on an antipsychotic unless this health
    factor is used.  This health factor for depot neuroleptics can be placed
    on an encounter form or into a reminder dialog for injections.

Technical Description:
    The reminder terms for this reminder are:
         AIM EVALUATION NEGATIVE
            Includes AIMS<=6 as indicated by a score in the MH package.

         AIM EVALUATION POSITIVE
            Includes AIMS>=7 as indicated by a score in the MH package.

         ANTIPSYCHOTIC DRUGS
            Includes a health factor for administration of depot neuroleptics
            from ward stock and the drug classes CN701 AND CN709.

         REFUSED AIM EVALUATION
            Includes a health factor for refusal of evaluation.  Used in
            resolution logic to resolve the reminder for 3 months.

         REFUSED ANTIPSYCHOTICS
            Includes health factor for refusal to take medications.  This
            finding excludes the patient from the cohort for 1 month.

         SCHIZOPHRENIA DIAGNOSIS
            This term includes the taxonomy for schizophrenia (295.00 -
            295.95).

    The reminder is due if the patient is on medication (RT:ANTIPSYCHOTIC
    DRUGS).  The finding for the reminder term for the drugs has an effective
    period of 30 days. (This means that the reminder will show as due for the
    time period that the patient has an active supply of drug based on last
    release date plus the days' supply and for an additional 30 days.) The
    health factor of DEPOT NEUROLEPTIC has an effective period of 60 days.

Edit History:

    Edit date:  Jan 16, 2003@16:29:10   Edit by:    SMITH,VAUGHN
    Edit Comments:



Baseline Frequency:

      Do In Advance Time Frame:  Do if DUE within 1 month
                  Sex Specific:
                 Ignore on N/A:
```
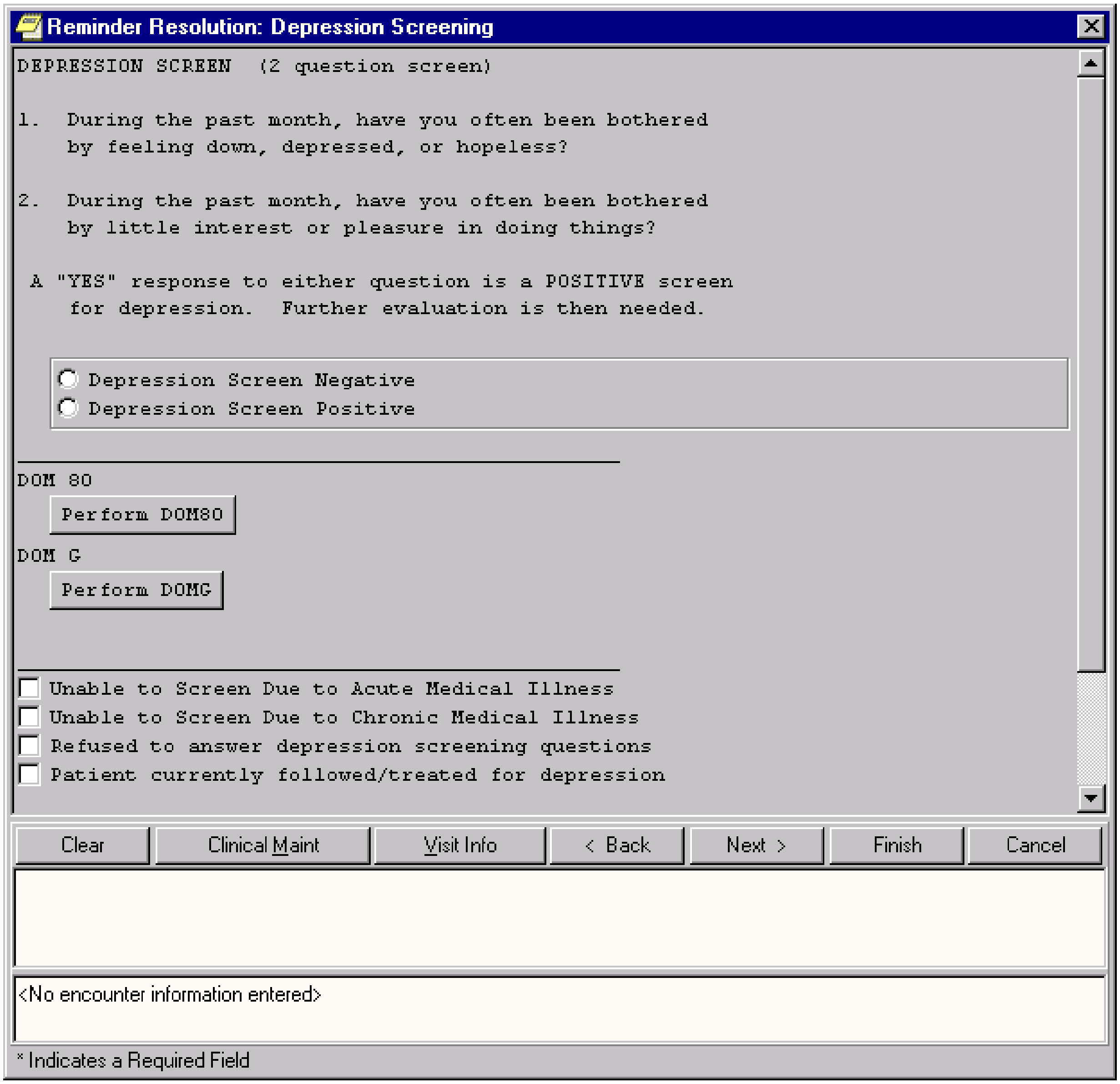

```
      Frequency for Age Range:  1 year for all ages
                   Match Text:
                No Match Text:


Findings:

                 Finding Item: SCHIZOPHRENIA DIAGNOSIS  (FI(1)=RT(111))
                 Finding Type: REMINDER TERM
             Effective Period: 1Y
                   Found Text: The patient has a diagnosis of schizophrenia.

                 Finding Item: ANTIPSYCHOTIC DRUGS  (FI(2)=RT(112))
                 Finding Type: REMINDER TERM
  Use in Patient Cohort Logic: AND
             Effective Period: 30D

                 Finding Item: AIM EVALUATION NEGATIVE  (FI(3)=RT(113))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR

                 Finding Item: AIM EVALUATION POSITIVE  (FI(4)=RT(114))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR

                 Finding Item: REFUSED AIM EVALUATION  (FI(5)=RT(116))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR
             Effective Period: 3M

                 Finding Item: REFUSED ANTIPSYCHOTICS  (FI(6)=RT(115))
                 Finding Type: REMINDER TERM
  Use in Patient Cohort Logic: AND NOT
             Effective Period: 30D

General Patient Cohort Found Text:
    Patients on long-term antipsychotics should have an evaluation for side
    effects by administration of a test for abnormal involuntary movements on
    at least a yearly basis.

General Patient Cohort Not Found Text:

General Resolution Found Text:

General Resolution Not Found Text:

Default PATIENT COHORT LOGIC to see if the Reminder applies to a patient:
     (SEX)&(AGE)&FI(2)&'FI(6)

Expanded Patient Cohort Logic:
     (SEX)&(AGE)&FI(ANTIPSYCHOTIC DRUGS)&'FI(REFUSED ANTIPSYCHOTICS)

Default RESOLUTION LOGIC defines findings that resolve the Reminder:
     FI(3)!FI(4)!FI(5)

Expanded Resolution Logic:
     FI(AIM EVALUATION NEGATIVE)!FI(AIM EVALUATION POSITIVE)!
     FI(REFUSED AIM EVALUATION)


Web Sites:

 Web Site URL:
http://www.oqp.med.va.gov/cpg/cpg.htm

 Web Site Title:  CPG Website
```

Appendix B: Reminder Dialogs

Depression Screening


Reminder Resolution: Depression Screening

DEPRESSION SCREEN (2 question screen)

1. During the past month, have you often been bothered by feeling down, depressed, or hopeless?

2. During the past month, have you often been bothered by little interest or pleasure in doing things?

A "YES" response to either question is a POSITIVE screen for depression. Further evaluation is then needed.

○ Depression Screen Negative
○ Depression Screen Positive

DOM 80

Perform DOM80

DOM G

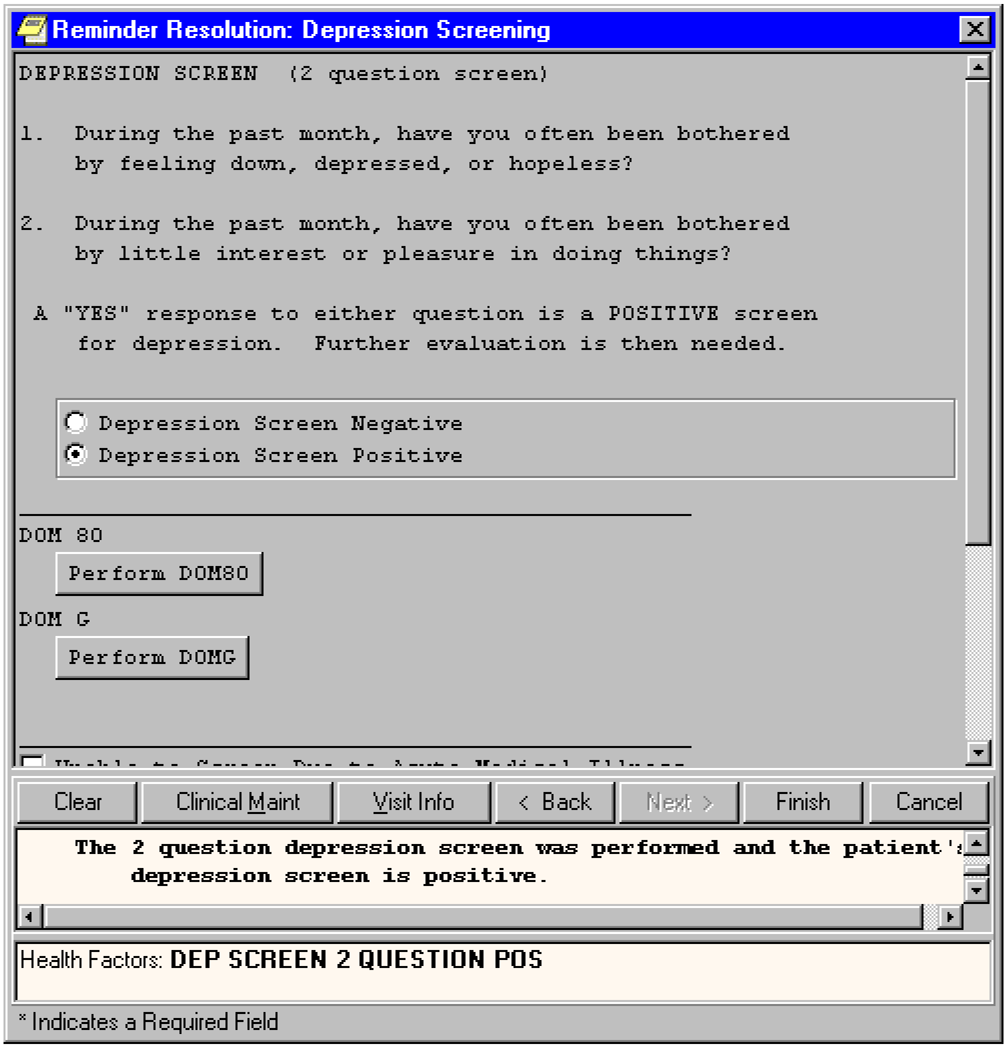
Perform DOMG

☐ Unable to Screen Due to Acute Medical Illness
☐ Unable to Screen Due to Chronic Medical Illness
☐ Refused to answer depression screening questions
☐ Patient currently followed/treated for depression

Clear
Clinical Maint
Visit Info
< Back
Next >
Finish
Cancel

<No encounter information entered>

* Indicates a Required Field


Reminder Resolution: Depression Screening

DEPRESSION SCREEN (2 question screen)

1. During the past month, have you often been bothered by feeling down, depressed, or hopeless?

2. During the past month, have you often been bothered by little interest or pleasure in doing things?

A "YES" response to either question is a POSITIVE screen for depression. Further evaluation is then needed.

○ Depression Screen Negative
● Depression Screen Positive

DOM 80

Perform DOM80

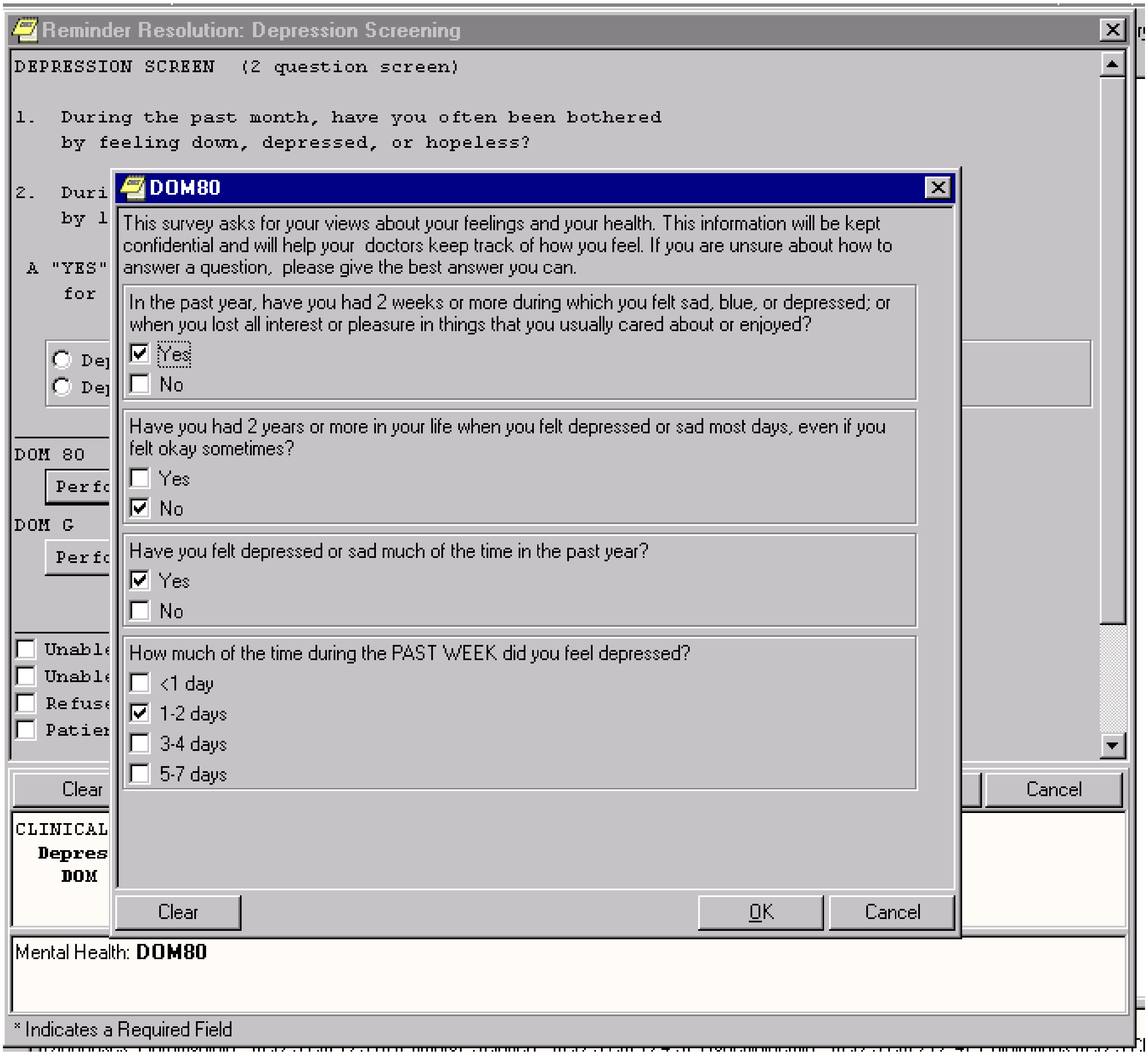
DOM G

Perform DOMG
Clear
Clinical Maint
Visit Info
< Back
Next >
Finish
Cancel

The 2 question depression screen was performed and the patient's depression screen is positive.

Health Factors: **DEP SCREEN 2 QUESTION POS**

* Indicates a Required Field


Reminder Resolution: Depression Screening
DEPRESSION SCREEN (2 question screen)
1. During the past month, have you often been bothered
by feeling down, depressed, or hopeless?
2. Duri
by l
A "YES"
for
○ Dep
○ Dep
DOM 80
Perfo
DOM G
Perfo
☐ Unable
☐ Unable
☐ Refuse
☐ Patien
Clear
Cancel
CLINICAL
Depres
DOM
Mental Health: DOM80
* Indicates a Required Field

DOM80

This survey asks for your views about your feelings and your health. This information will be kept confidential and will help your doctors keep track of how you feel. If you are unsure about how to answer a question, please give the best answer you can.

In the past year, have you had 2 weeks or more during which you felt sad, blue, or depressed; or when you lost all interest or pleasure in things that you usually cared about or enjoyed?

☑ Yes
☐ No

Have you had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

☐ Yes
☑ No

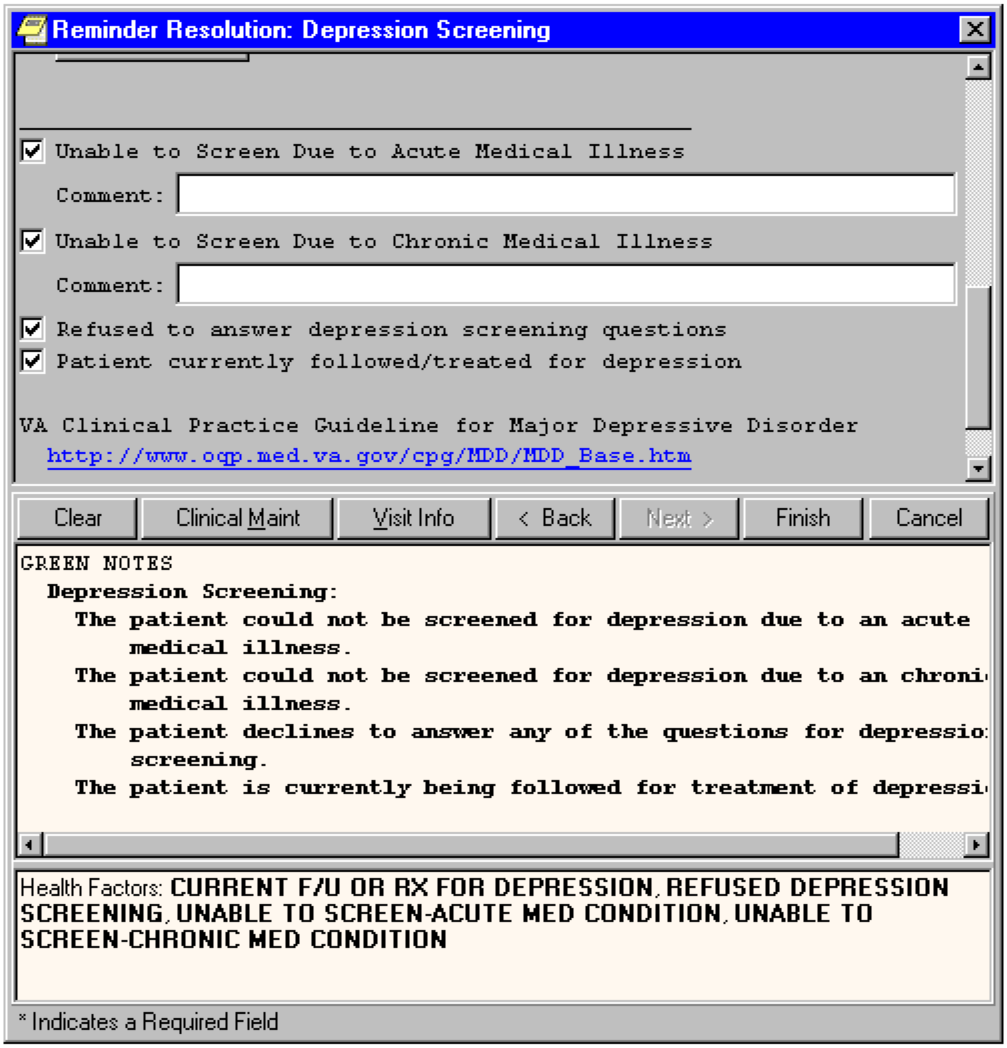
Have you felt depressed or sad much of the time in the past year?

☑ Yes
☐ No

How much of the time during the PAST WEEK did you feel depressed?

☐ <1 day
☑ 1-2 days
☐ 3-4 days
☐ 5-7 days

Clear
OK
Cancel


Reminder Resolution: Depression Screening
Clear
Clinical Maint
Visit Info
< Back
Next >
Finish
Cancel

☑ Unable to Screen Due to Acute Medical Illness

Comment:

☑ Unable to Screen Due to Chronic Medical Illness

Comment:

☑ Refused to answer depression screening questions

☑ Patient currently followed/treated for depression

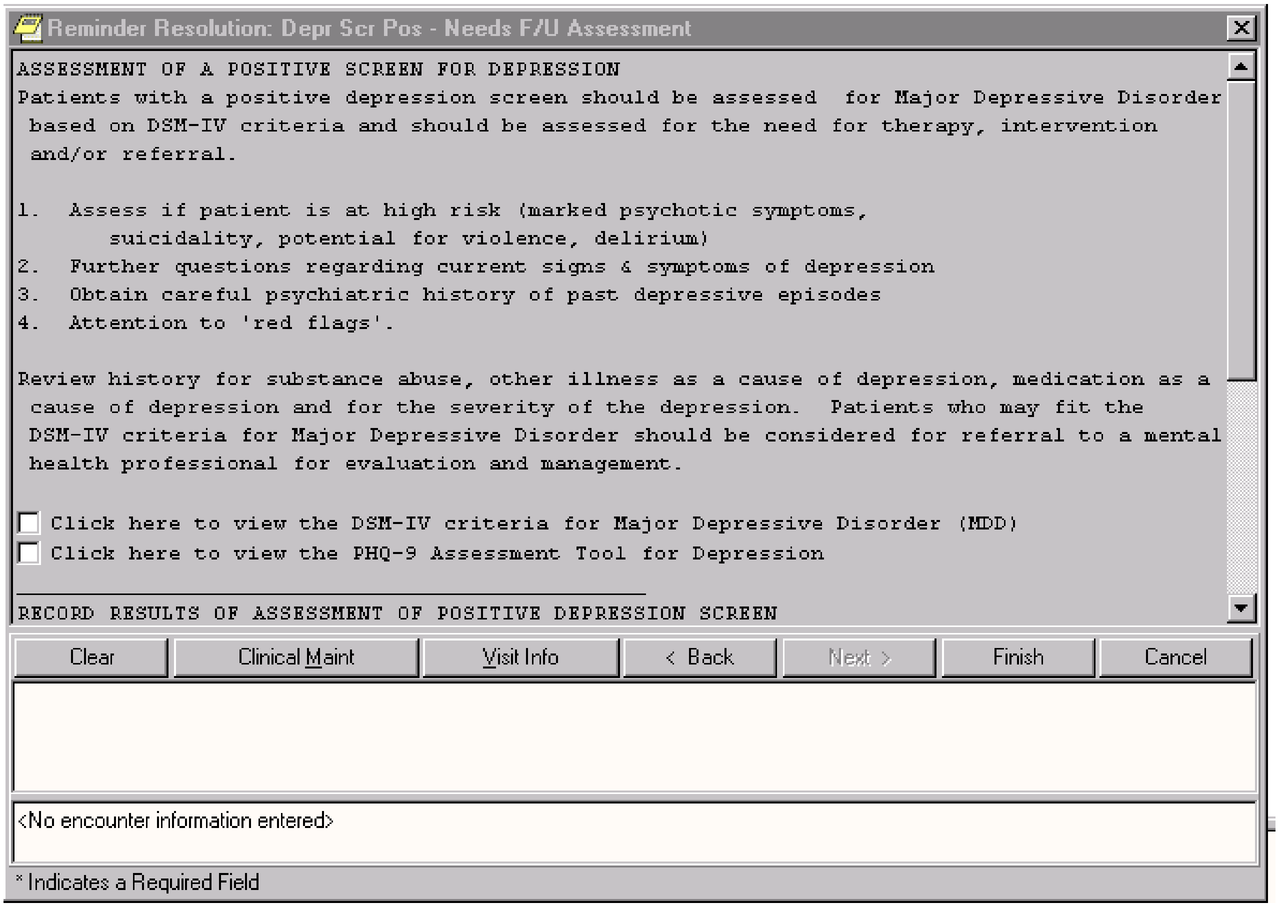
VA Clinical Practice Guideline for Major Depressive Disorder
http://www.oqp.med.va.gov/cpg/MDD/MDD_Base.htm

GREEN NOTES
Depression Screening:
The patient could not be screened for depression due to an acute medical illness.
The patient could not be screened for depression due to an chroni medical illness.
The patient declines to answer any of the questions for depressio screening.
The patient is currently being followed for treatment of depressi

Health Factors: **CURRENT F/U OR RX FOR DEPRESSION, REFUSED DEPRESSION SCREENING, UNABLE TO SCREEN-ACUTE MED CONDITION, UNABLE TO SCREEN-CHRONIC MED CONDITION**

* Indicates a Required Field

Depr Scr Pos – Needs F/U Assessment



ASSESSMENT OF A POSITIVE SCREEN FOR DEPRESSION

Patients with a positive depression screen should be assessed for Major Depressive Disorder based on DSM-IV criteria and should be assessed for the need for therapy, intervention and/or referral.

1. Assess if patient is at high risk (marked psychotic symptoms, suicidality, potential for violence, delirium)
2. Further questions regarding current signs & symptoms of depression
3. Obtain careful psychiatric history of past depressive episodes
4. Attention to 'red flags'.

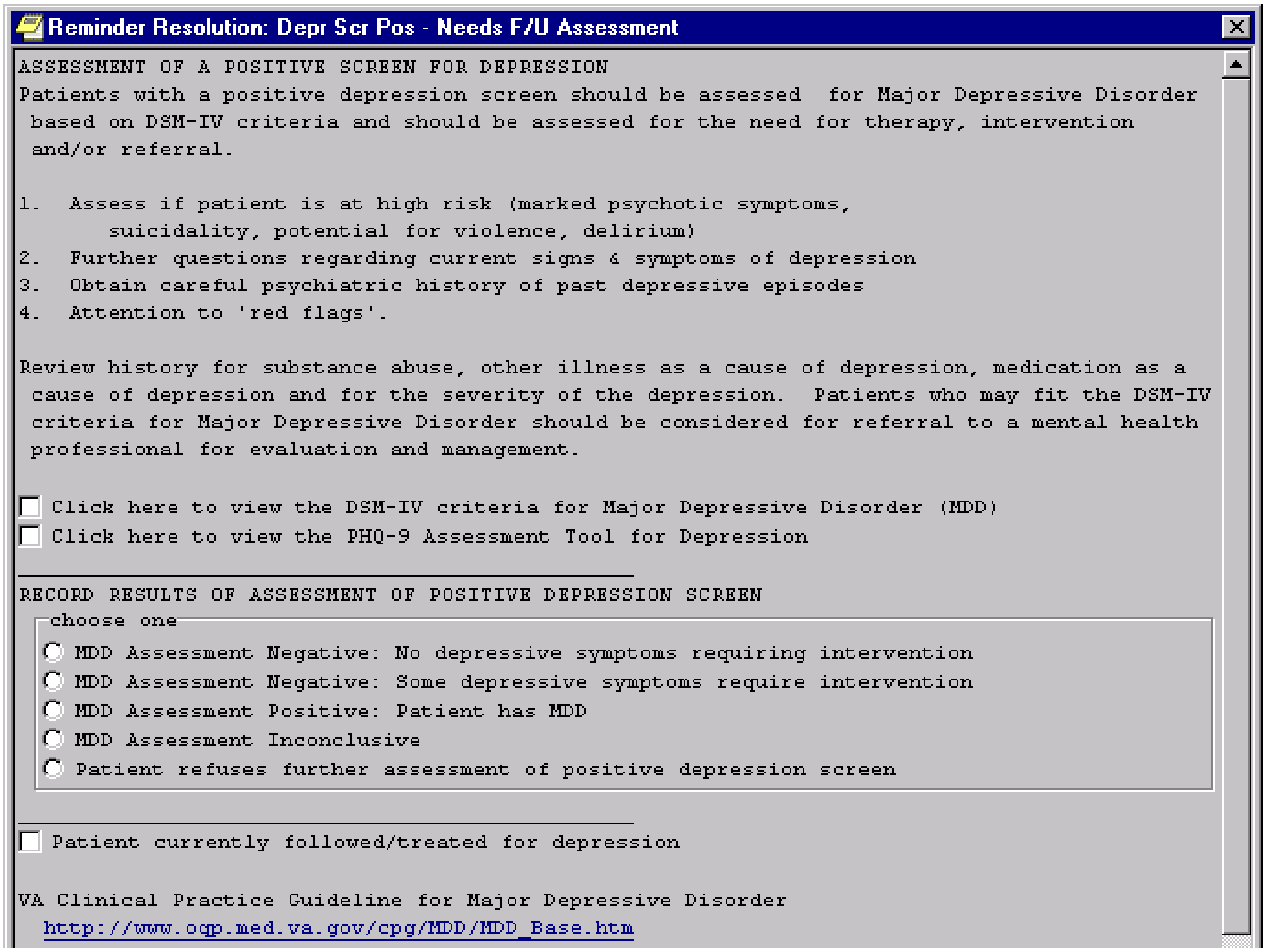
Review history for substance abuse, other illness as a cause of depression, medication as a cause of depression and for the severity of the depression. Patients who may fit the DSM-IV criteria for Major Depressive Disorder should be considered for referral to a mental health professional for evaluation and management.

☐ Click here to view the DSM-IV criteria for Major Depressive Disorder (MDD)
☐ Click here to view the PHQ-9 Assessment Tool for Depression

RECORD RESULTS OF ASSESSMENT OF POSITIVE DEPRESSION SCREEN

<No encounter information entered>

* Indicates a Required Field



ASSESSMENT OF A POSITIVE SCREEN FOR DEPRESSION

Patients with a positive depression screen should be assessed for Major Depressive Disorder based on DSM-IV criteria and should be assessed for the need for therapy, intervention and/or referral.

1. Assess if patient is at high risk (marked psychotic symptoms, suicidality, potential for violence, delirium)
2. Further questions regarding current signs & symptoms of depression
3. Obtain careful psychiatric history of past depressive episodes
4. Attention to 'red flags'.

Review history for substance abuse, other illness as a cause of depression, medication as a cause of depression and for the severity of the depression. Patients who may fit the DSM-IV criteria for Major Depressive Disorder should be considered for referral to a mental health professional for evaluation and management.

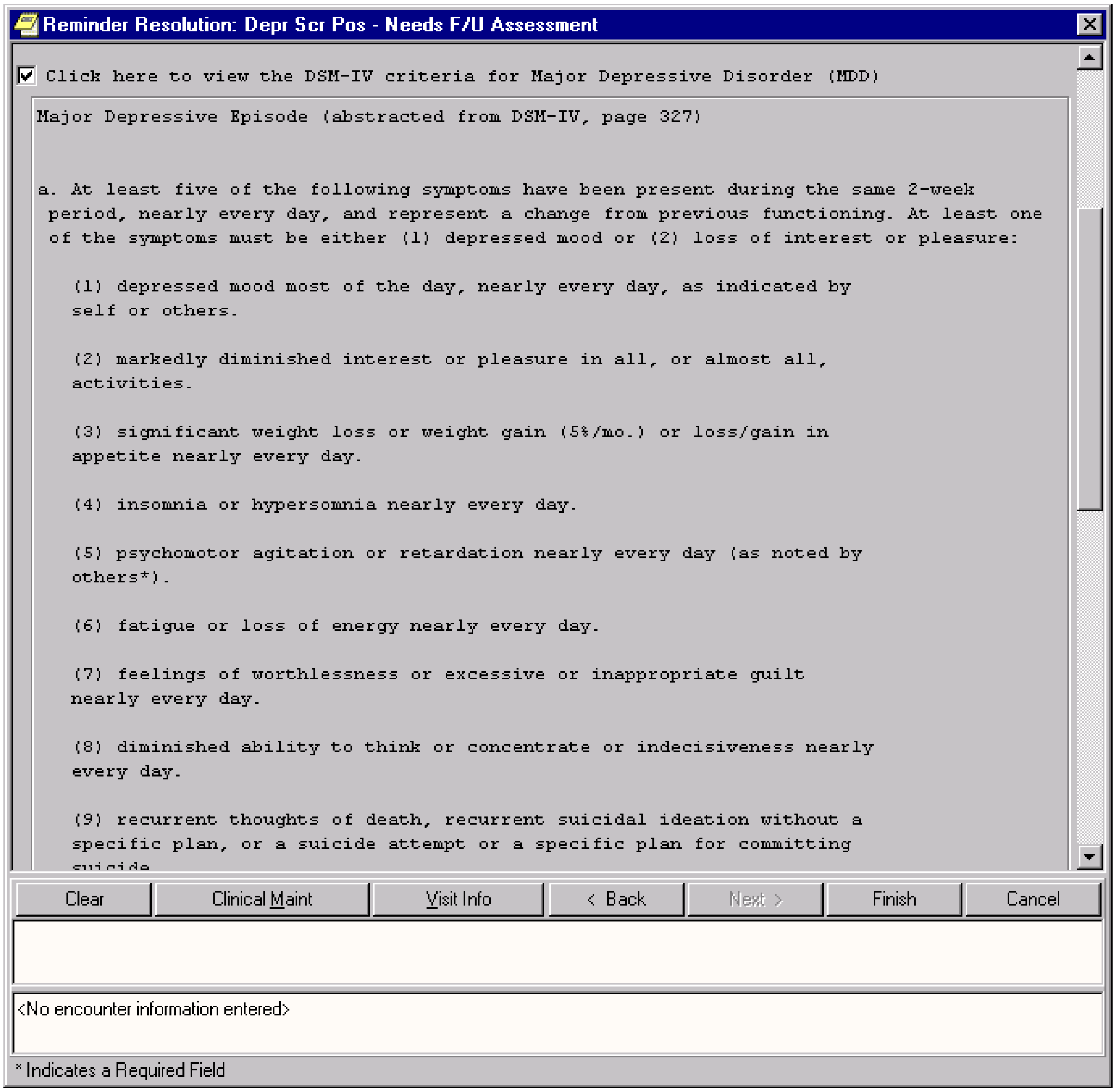
☐ Click here to view the DSM-IV criteria for Major Depressive Disorder (MDD)
☐ Click here to view the PHQ-9 Assessment Tool for Depression

RECORD RESULTS OF ASSESSMENT OF POSITIVE DEPRESSION SCREEN

choose one
○ MDD Assessment Negative: No depressive symptoms requiring intervention
○ MDD Assessment Negative: Some depressive symptoms require intervention
○ MDD Assessment Positive: Patient has MDD
○ MDD Assessment Inconclusive
○ Patient refuses further assessment of positive depression screen

☐ Patient currently followed/treated for depression

VA Clinical Practice Guideline for Major Depressive Disorder
http://www.oqp.med.va.gov/cpg/MDD/MDD_Base.htm



☑ Click here to view the DSM-IV criteria for Major Depressive Disorder (MDD)

Major Depressive Episode (abstracted from DSM-IV, page 327)

a. At least five of the following symptoms have been present during the same 2-week period, nearly every day, and represent a change from previous functioning. At least one of the symptoms must be either (1) depressed mood or (2) loss of interest or pleasure:

(1) depressed mood most of the day, nearly every day, as indicated by self or others.

(2) markedly diminished interest or pleasure in all, or almost all, activities.

(3) significant weight loss or weight gain (5%/mo.) or loss/gain in appetite nearly every day.

(4) insomnia or hypersomnia nearly every day.

(5) psychomotor agitation or retardation nearly every day (as noted by others*).

(6) fatigue or loss of energy nearly every day.

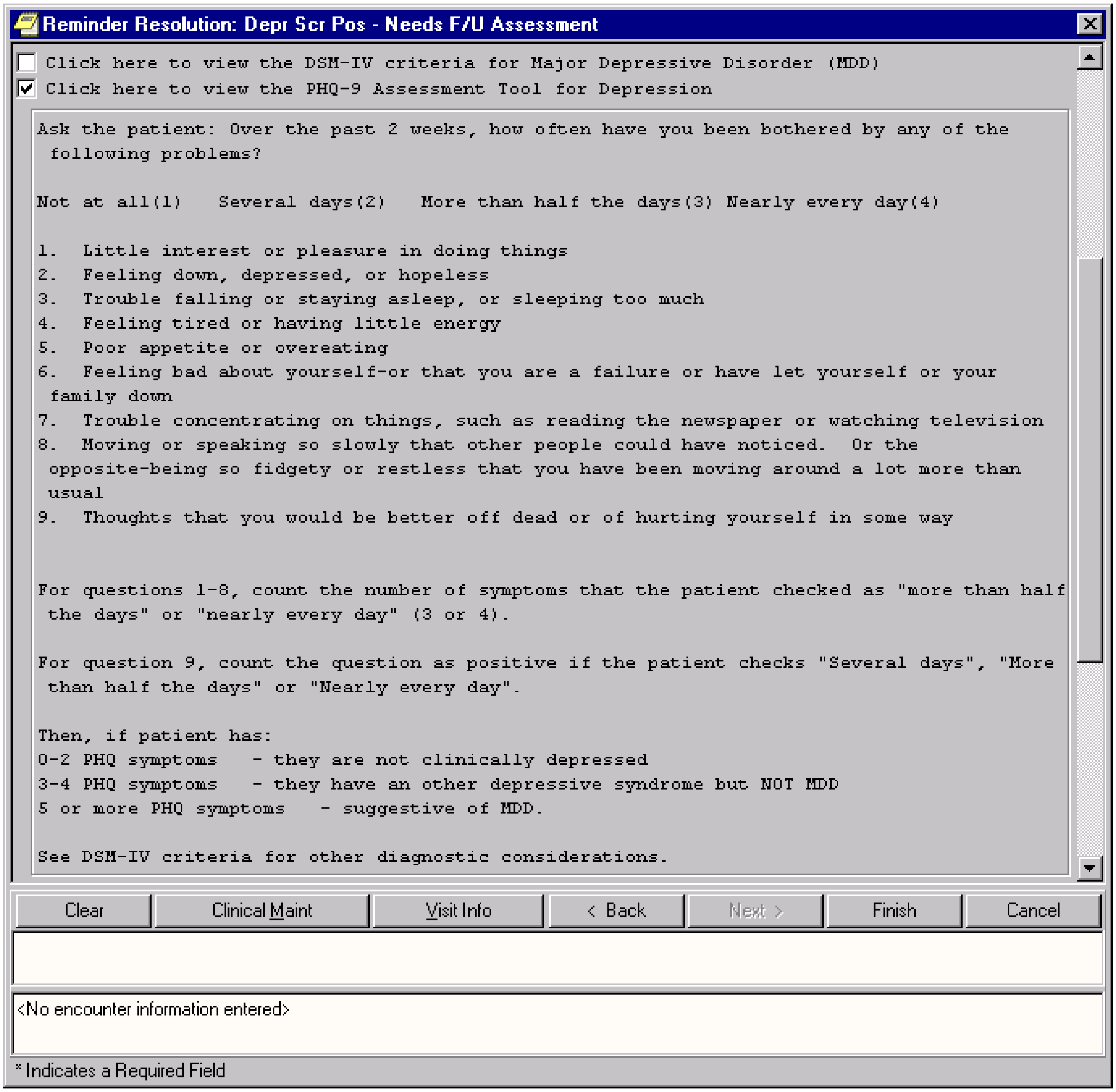
(7) feelings of worthlessness or excessive or inappropriate guilt nearly every day.

(8) diminished ability to think or concentrate or indecisiveness nearly every day.

(9) recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

<No encounter information entered>

* Indicates a Required Field



☐ Click here to view the DSM-IV criteria for Major Depressive Disorder (MDD)
☑ Click here to view the PHQ-9 Assessment Tool for Depression

Ask the patient: Over the past 2 weeks, how often have you been bothered by any of the following problems?

Not at all(1) Several days(2) More than half the days(3) Nearly every day(4)

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead or of hurting yourself in some way

For questions 1-8, count the number of symptoms that the patient checked as "more than half the days" or "nearly every day" (3 or 4).

For question 9, count the question as positive if the patient checks "Several days", "More than half the days" or "Nearly every day".

Then, if patient has:
0-2 PHQ symptoms - they are not clinically depressed
3-4 PHQ symptoms - they have an other depressive syndrome but NOT MDD
5 or more PHQ symptoms - suggestive of MDD.

See DSM-IV criteria for other diagnostic considerations.

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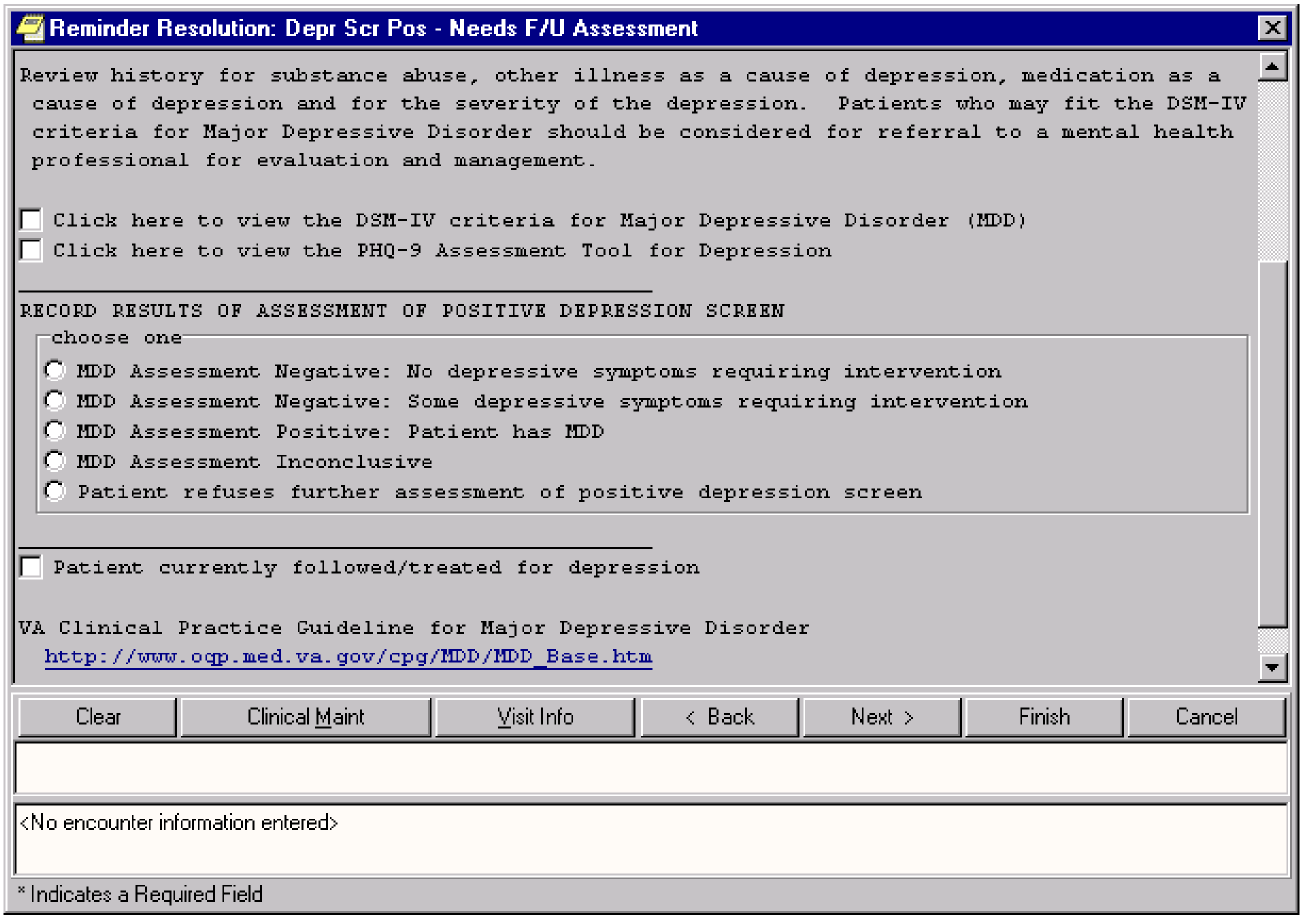
* Indicates a Required Field



Review history for substance abuse, other illness as a cause of depression, medication as a cause of depression and for the severity of the depression. Patients who may fit the DSM-IV criteria for Major Depressive Disorder should be considered for referral to a mental health professional for evaluation and management.

☐ Click here to view the DSM-IV criteria for Major Depressive Disorder (MDD)
☐ Click here to view the PHQ-9 Assessment Tool for Depression

RECORD RESULTS OF ASSESSMENT OF POSITIVE DEPRESSION SCREEN

choose one
○ MDD Assessment Negative: No depressive symptoms requiring intervention
○ MDD Assessment Negative: Some depressive symptoms requiring intervention
○ MDD Assessment Positive: Patient has MDD
○ MDD Assessment Inconclusive
○ Patient refuses further assessment of positive depression screen

☐ Patient currently followed/treated for depression

VA Clinical Practice Guideline for Major Depressive Disorder
http://www.oqp.med.va.gov/cpg/MDD/MDD_Base.htm

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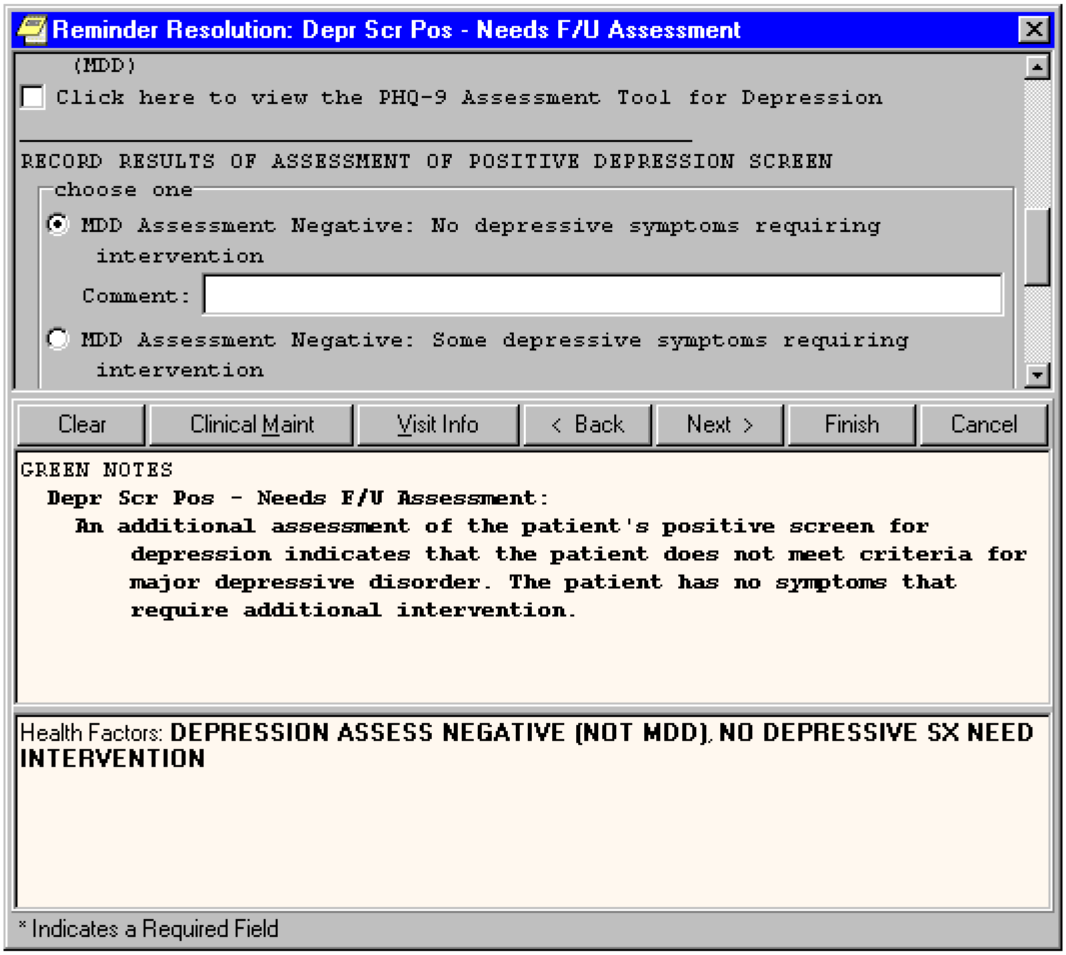
* Indicates a Required Field



Reminder Resolution: Depr Scr Pos - Needs F/U Assessment

(MDD)

☐ Click here to view the PHQ-9 Assessment Tool for Depression

RECORD RESULTS OF ASSESSMENT OF POSITIVE DEPRESSION SCREEN

choose one

● MDD Assessment Negative: No depressive symptoms requiring intervention

Comment:

○ MDD Assessment Negative: Some depressive symptoms requiring intervention

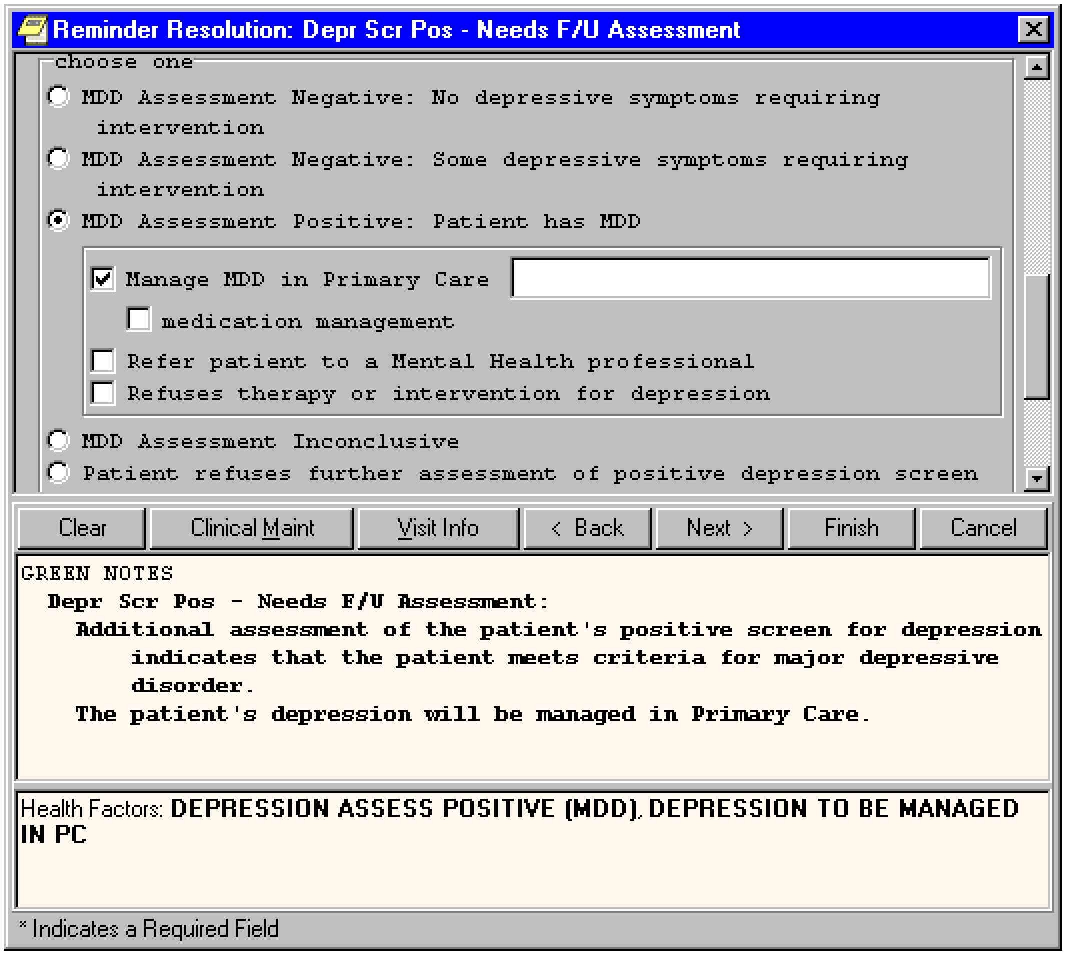
GREEN NOTES

Depr Scr Pos - Needs F/U Assessment:

An additional assessment of the patient's positive screen for depression indicates that the patient does not meet criteria for major depressive disorder. The patient has no symptoms that require additional intervention.

Health Factors: **DEPRESSION ASSESS NEGATIVE (NOT MDD), NO DEPRESSIVE SX NEED INTERVENTION**

* Indicates a Required Field



Reminder Resolution: Depr Scr Pos - Needs F/U Assessment

choose one

○ MDD Assessment Negative: No depressive symptoms requiring intervention

○ MDD Assessment Negative: Some depressive symptoms requiring intervention

● MDD Assessment Positive: Patient has MDD

- ☑ Manage MDD in Primary Care
  - ☐ medication management
- ☐ Refer patient to a Mental Health professional
- ☐ Refuses therapy or intervention for depression

○ MDD Assessment Inconclusive

○ Patient refuses further assessment of positive depression screen

Clear
Clinical Maint
Visit Info
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Finish
Cancel

GREEN NOTES

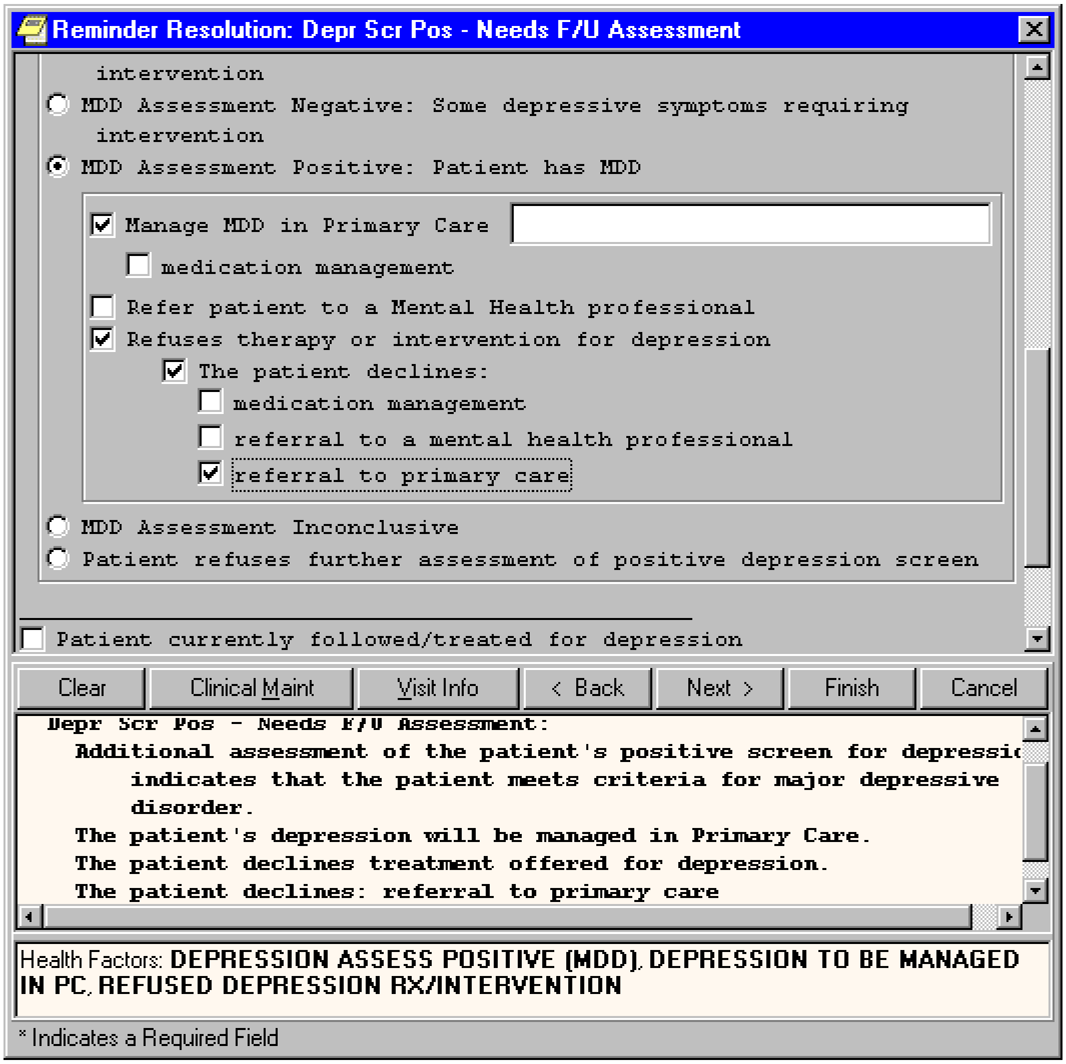
Depr Scr Pos - Needs F/U Assessment:

Additional assessment of the patient's positive screen for depression indicates that the patient meets criteria for major depressive disorder.

The patient's depression will be managed in Primary Care.

Health Factors: **DEPRESSION ASSESS POSITIVE (MDD), DEPRESSION TO BE MANAGED IN PC**

* Indicates a Required Field



intervention

○ MDD Assessment Negative: Some depressive symptoms requiring intervention

● MDD Assessment Positive: Patient has MDD

- ☑ Manage MDD in Primary Care
  - ☐ medication management
- ☐ Refer patient to a Mental Health professional
- ☑ Refuses therapy or intervention for depression
  - ☑ The patient declines:
    - ☐ medication management
    - ☐ referral to a mental health professional
    - ☑ referral to primary care

○ MDD Assessment Inconclusive

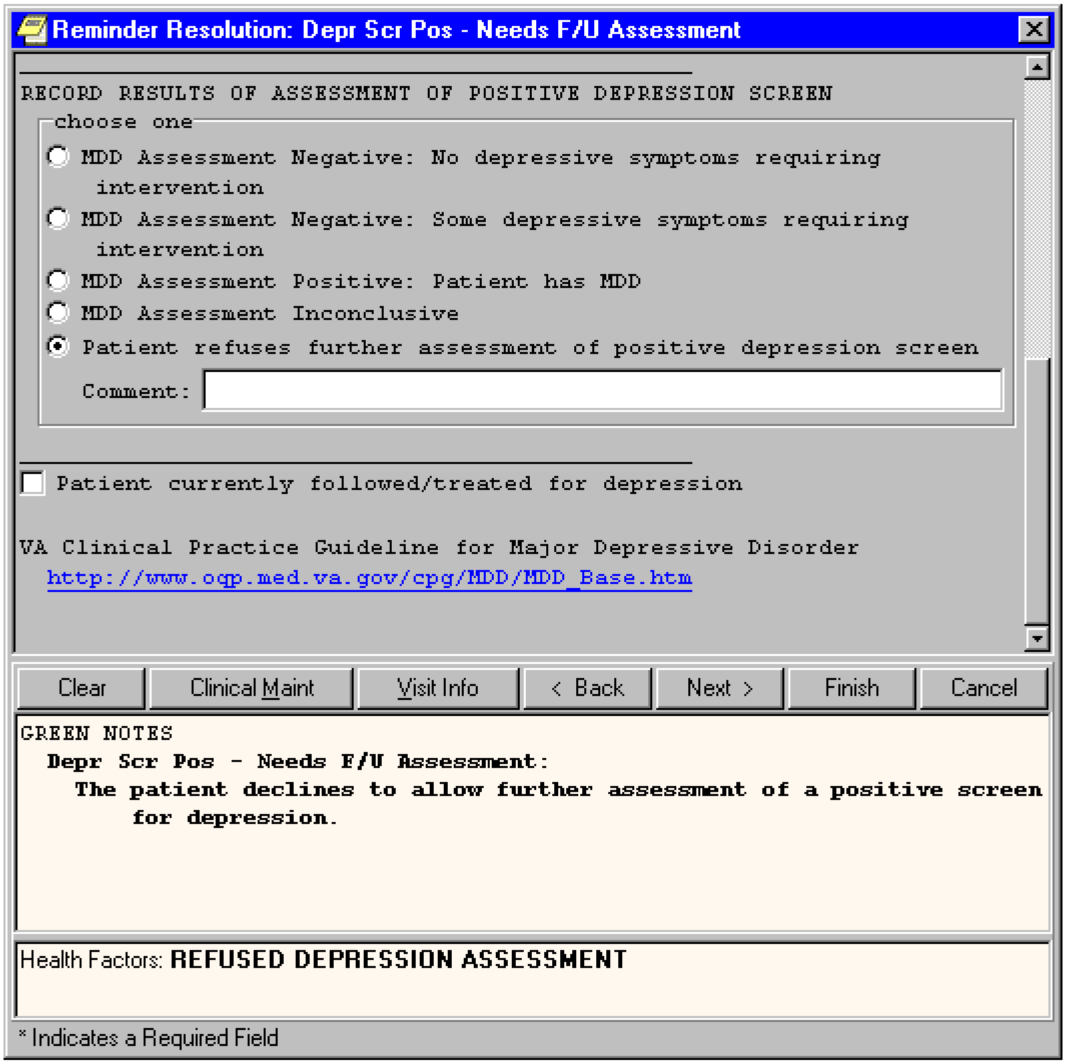
○ Patient refuses further assessment of positive depression screen

☐ Patient currently followed/treated for depression

Depr Scr Pos - Needs F/U Assessment:
Additional assessment of the patient's positive screen for depressic
indicates that the patient meets criteria for major depressive disorder.
The patient's depression will be managed in Primary Care.
The patient declines treatment offered for depression.
The patient declines: referral to primary care

Health Factors: DEPRESSION ASSESS POSITIVE (MDD), DEPRESSION TO BE MANAGED IN PC, REFUSED DEPRESSION RX/INTERVENTION

* Indicates a Required Field



Reminder Resolution: Depr Scr Pos - Needs F/U Assessment

RECORD RESULTS OF ASSESSMENT OF POSITIVE DEPRESSION SCREEN

choose one

○ MDD Assessment Negative: No depressive symptoms requiring intervention
○ MDD Assessment Negative: Some depressive symptoms requiring intervention
○ MDD Assessment Positive: Patient has MDD
○ MDD Assessment Inconclusive
● Patient refuses further assessment of positive depression screen

Comment:

☐ Patient currently followed/treated for depression

VA Clinical Practice Guideline for Major Depressive Disorder
http://www.oqp.med.va.gov/cpg/MDD/MDD_Base.htm

GREEN NOTES
Depr Scr Pos - Needs F/U Assessment:
The patient declines to allow further assessment of a positive screen for depression.

Health Factors: **REFUSED DEPRESSION ASSESSMENT**

* Indicates a Required Field

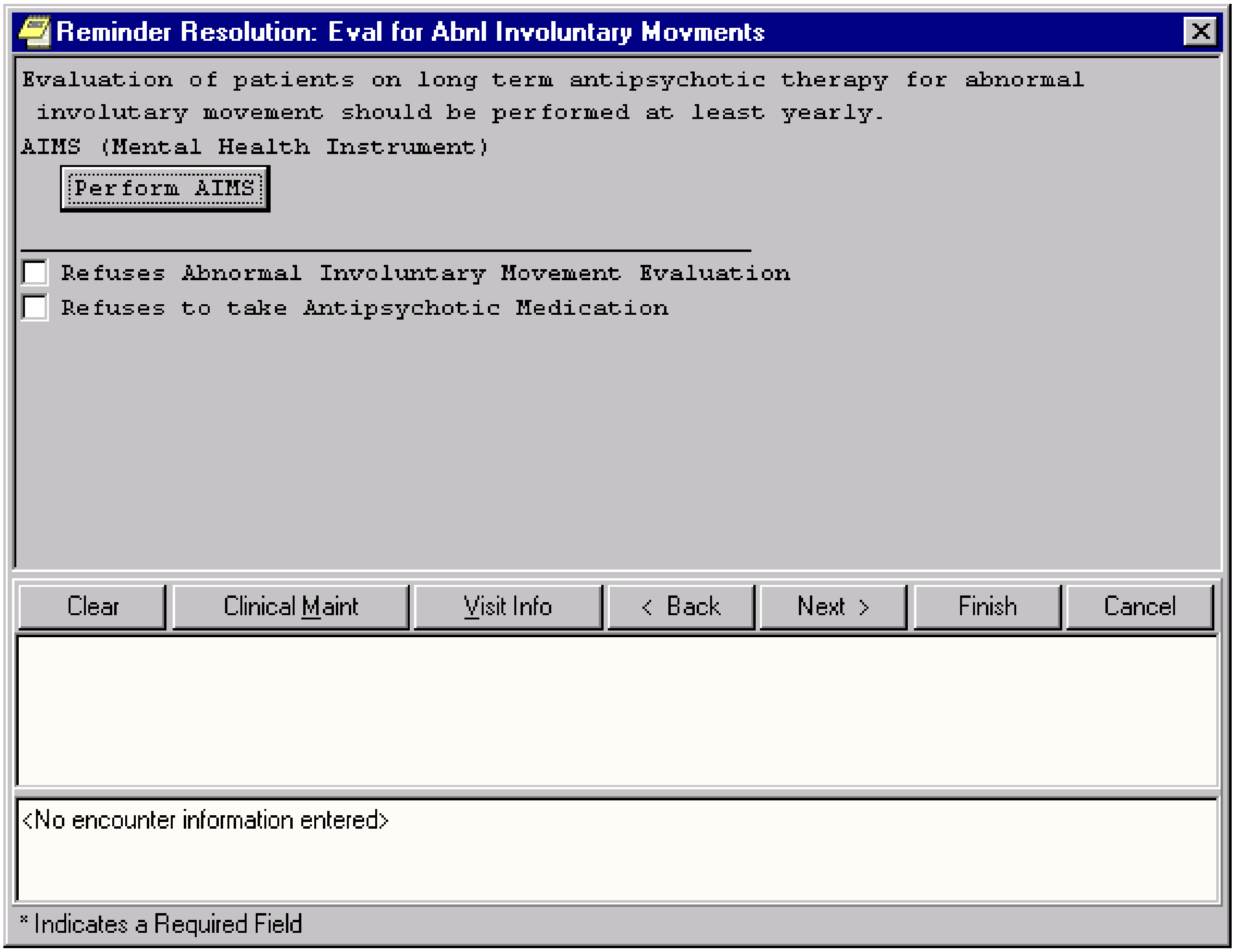
AIMS Dialog

NOTE: Two revised dialog result elements are distributed with PXRM*1.5*15:

PXRM AUDC RESULT ELEMENT 1
PXRM AUDC RESULT ELEMENT 2.

These new elements contain the condition statement that will evaluate the AUDC score returned from the Mental Health package against a patient sex.

The current Result Elements don't take Sex into account when returning the result text for the progress note. The replaced elements (same names) do look at Sex when evaluating the result text.


Reminder Resolution: Eval for Abnl Involuntary Movments

Evaluation of patients on long term antipsychotic therapy for abnormal involutary movement should be performed at least yearly.

AIMS (Mental Health Instrument)

Perform AIMS

☐ Refuses Abnormal Involuntary Movement Evaluation

☐ Refuses to take Antipsychotic Medication

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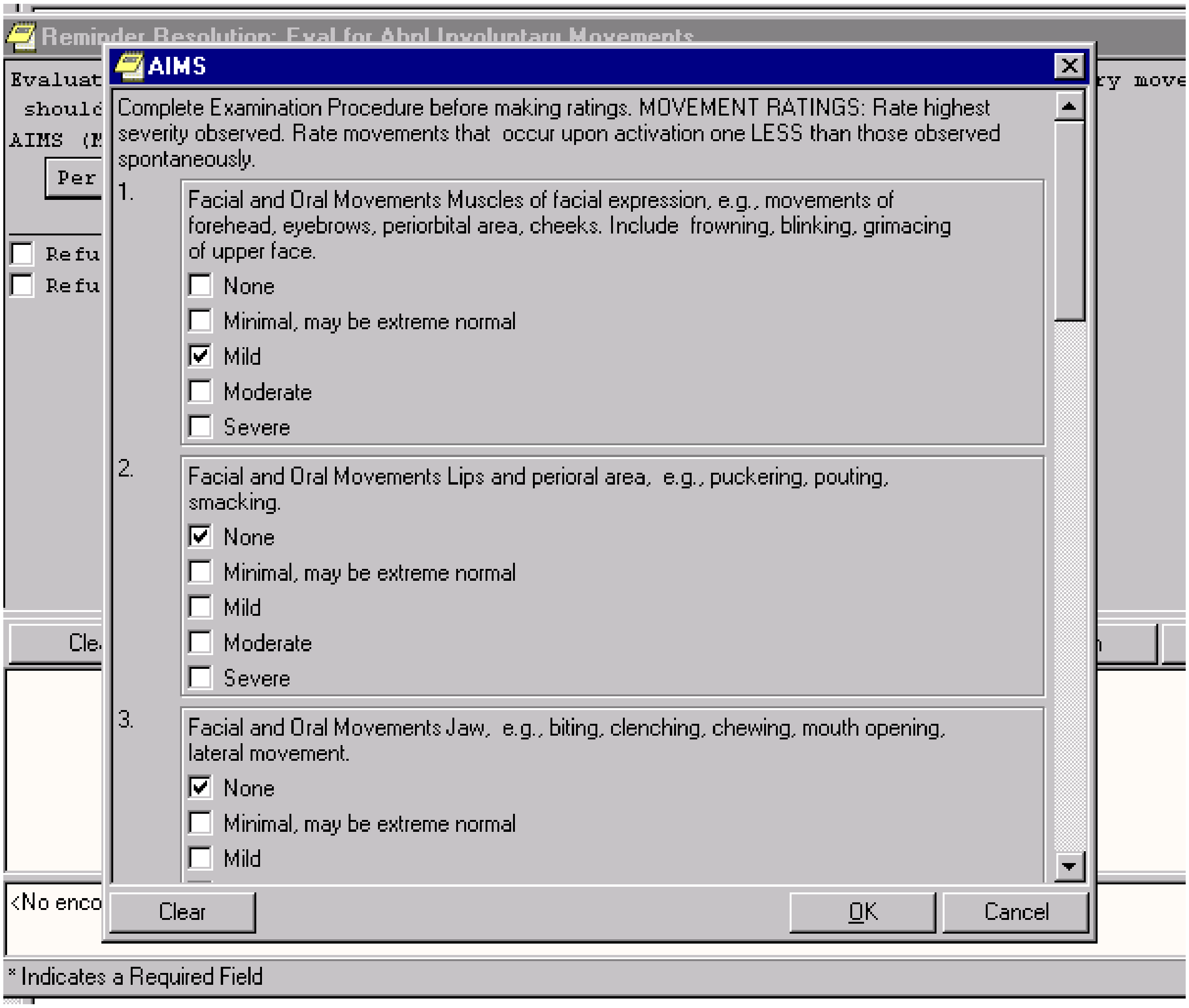
Reminder Resolution: Eval for Abnl Involuntary Movements
Evaluat
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Per
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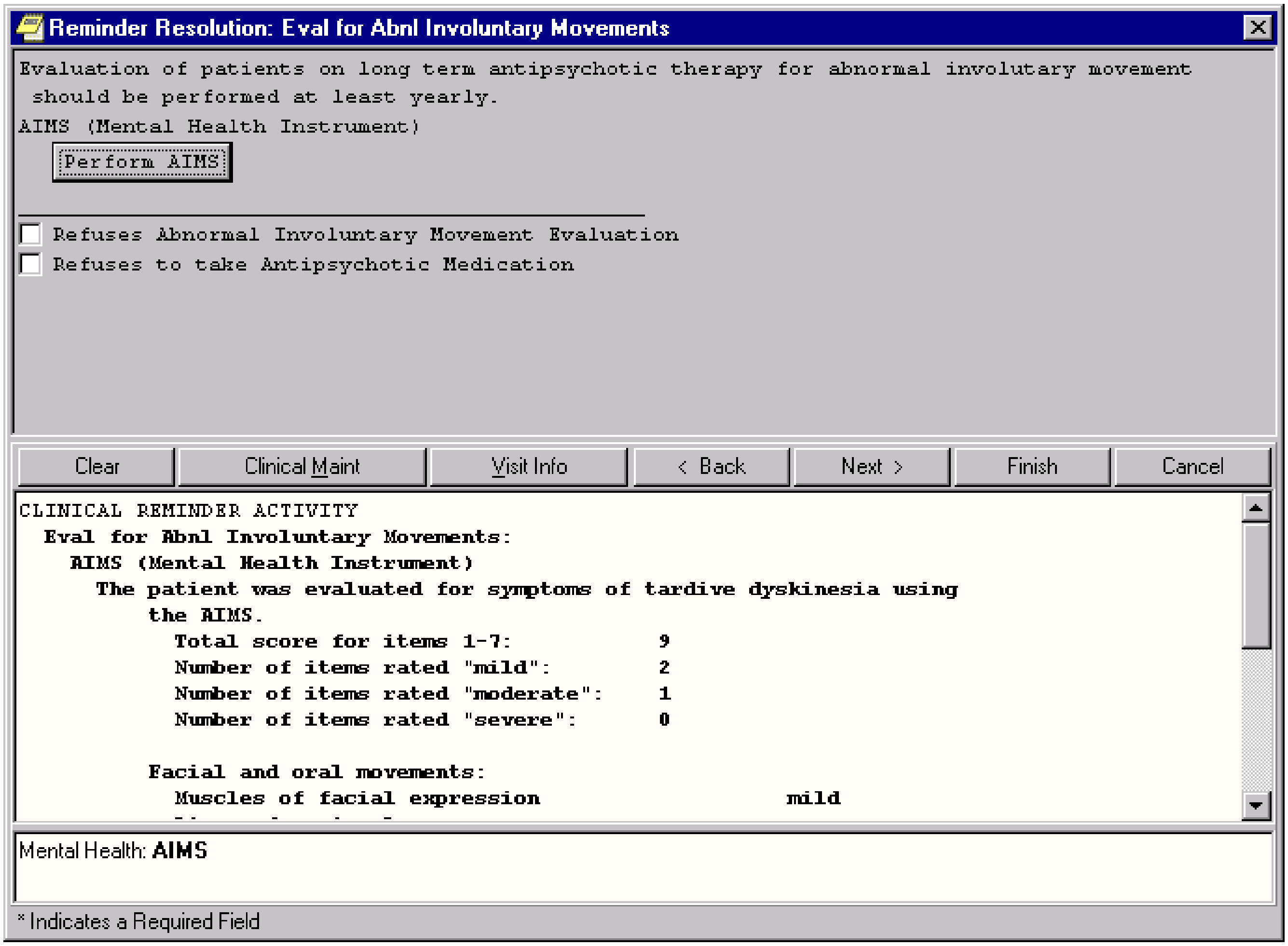
Refu
Cle
AIMS
<No enco
Clear
OK
Cancel

Complete Examination Procedure before making ratings. MOVEMENT RATINGS: Rate highest severity observed. Rate movements that occur upon activation one LESS than those observed spontaneously.

1. Facial and Oral Movements Muscles of facial expression, e.g., movements of forehead, eyebrows, periorbital area, cheeks. Include frowning, blinking, grimacing of upper face.
   - ☐ None
   - ☐ Minimal, may be extreme normal
   - ☑ Mild
   - ☐ Moderate
   - ☐ Severe
2. Facial and Oral Movements Lips and perioral area, e.g., puckering, pouting, smacking.
   - ☑ None
   - ☐ Minimal, may be extreme normal
   - ☐ Mild
   - ☐ Moderate
   - ☐ Severe
3. Facial and Oral Movements Jaw, e.g., biting, clenching, chewing, mouth opening, lateral movement.
   - ☑ None
   - ☐ Minimal, may be extreme normal
   - ☐ Mild

* Indicates a Required Field


Reminder Resolution: Eval for Abnl Involuntary Movements
Perform AIMS
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Clinical Maint
Visit Info
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Evaluation of patients on long term antipsychotic therapy for abnormal involutary movement should be performed at least yearly.

AIMS (Mental Health Instrument)

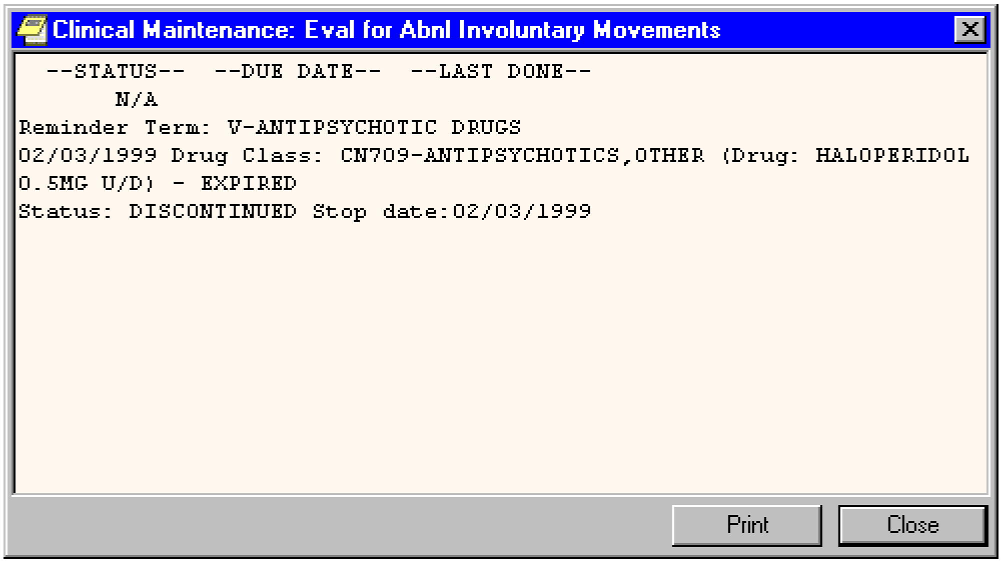
☐ Refuses Abnormal Involuntary Movement Evaluation

☐ Refuses to take Antipsychotic Medication

```
CLINICAL REMINDER ACTIVITY
  Eval for Abnl Involuntary Movements:
    AIMS (Mental Health Instrument)
      The patient was evaluated for symptoms of tardive dyskinesia using
          the AIMS.
            Total score for items 1-7:          9
            Number of items rated "mild":       2
            Number of items rated "moderate":   1
            Number of items rated "severe":     0

          Facial and oral movements:
            Muscles of facial expression                   mild
```

Mental Health: **AIMS**

* Indicates a Required Field


Clinical Maintenance: Eval for Abnl Involuntary Movements
Print
Close

```
  --STATUS--  --DUE DATE--  --LAST DONE--
       N/A
Reminder Term: V-ANTIPSYCHOTIC DRUGS
02/03/1999 Drug Class: CN709-ANTIPSYCHOTICS,OTHER (Drug: HALOPERIDOL
0.5MG U/D) - EXPIRED
Status: DISCONTINUED Stop date:02/03/1999
```

Appendix C: MH Reminder Term Descriptions

```
ACUTE MEDICAL CONDITION
    Class:         LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:   Screening for depression may not be possible in patients
                   with acute medical conditions.  This term represents any
                   data element that is used to indicate that the patient has
                   an acute medical condition that prevents screening for
                   depression.  E.g. delirium, alcohol hallucinosis, florid
                   psychosis, MI's and other medical emergencies.
    Findings:      UNABLE TO SCREEN-ACUTE MED CONDITION (FI(1)=HF(612337))

AIM EVALUATION NEGATIVE
    Class:         LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:   Represents any AIM evaluation that is negative or normal.
    Findings:      AIMS (FI(2)=MH(234))

AIM EVALUATION POSITIVE
    Class:         LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:   Represents any AIM evaluation that is positive or scored
                   above the cutoff defined as abnormal.  (AIMS greater than
                   or equal to 7)
    Findings:      AIMS (FI(2)=MH(234))

ANTIDEPRESSANT MEDICATIONS
    Class:         LOCAL
    Date Created:  DEC 28,2000
    Sponsor:
    Review Date:
    Description:
    Findings:      CN600 (FI(1)=DC(86))
                   CN609 (FI(2)=DC(395))
                   CN602 (FI(3)=DC(88))
                   CN601 (FI(4)=DC(87))

ANTIPSYCHOTIC DRUGS
    Class:         LOCAL
    Date Created:  AUG 29,2000
    Sponsor:
    Review Date:
    Description:
    Findings:      CN700 (FI(1)=DC(90))
                   CN709 (FI(2)=DC(396))
                   CN701 (FI(3)=DC(91))
                   NEUROLEPTIC INJECTION (FI(4)=HF(612234))

CHRONIC MEDICAL CONDITION
    Class:         LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:   Screening for depression may not be possible in patients
```

```
                  with some chronic medical conditions.  This term
                  represents any data element that is used to indicate that
                  the patient has an chronic medical condition that prevents
                  screening for depression.  E.g. severe dementia.
    Findings:     UNABLE TO SCREEN-CHRONIC MED CONDITION (FI(1)=HF(612338))

DEPRESSION ASSESS COMPLETED IN MHC
    Class:        LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:
    Findings:     CRS (FI(1)=MH(19))
                  BDI (FI(2)=MH(223))
                  ZUNG (FI(3)=MH(87))

DEPRESSION ASSESS INCONCLUSIVE (? MDD)
    Class:        LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:
    Findings:     DEPRESSION ASSESS INCONCLUSIVE (?MDD) (FI(1)=HF(612334))

DEPRESSION ASSESS NEGATIVE (NOT MDD)
    Class:        LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:
    Findings:     DEPRESSION ASSESS NEGATIVE (NOT MDD) (FI(1)=HF(612333))

DEPRESSION ASSESS POSITIVE (MDD)
    Class:        LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:
    Findings:     DEPRESSION ASSESS POSITIVE (MDD) (FI(1)=HF(612332))

DEPRESSION DIAGNOSIS
    Class:        LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:
    Findings:     DEPRESSION DIAGNOSIS (FI(1)=TX(50))

DEPRESSION SCREEN DONE RESULT UNKNOWN
    Class:        LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:  This term is for mapping of old local findings which
                  indicate that depression screening was done with an
                  appropriate tool but no data was recorded to indicate
                  whether it was positive or negative.  This term is
                  included ONLY to allow sites to make the conversion to
                  collecting positive and negative screens - any health
                  factors or exams that a site maps to this term should NOT
                  be included for use on any dialog or on an encounter form.
    Findings:
```

```
DEPRESSION SCREEN NEGATIVE
    Class:         LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:   Any health factors or MH instrument scores that indicate
                   that depression screening has been done and is negative
                   should be mapped to this reminder term.
                          Depression Screen Neg (PRIME-MD, CES-D, DOM80,
                   Ham-D)
                          MH: DOM80=0
                          MH: DOMG<4
                          MH: CRS<10
                          MH: BDI<10
                          MH:Zung<33
    Findings:      DEP SCREEN 2 QUESTION NEG (FI(1)=HF(612327))
                   DOM80 (FI(2)=MH(229))
                   DOMG (FI(3)=MH(232))
                   CRS (FI(4)=MH(19))
                   BDI (FI(5)=MH(223))
                   ZUNG (FI(6)=MH(87))

DEPRESSION SCREEN POSITIVE
    Class:         LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:   Any health factors or MH instrument scores that indicate
                   that depression screening has been done and is positive
                   should be mapped to this reminder term.
                          Depression Screen Pos (PRIME-MD, CES-D, DOM80,
                   Ham-D)
                          MH: DOM80=1
                          MH: DOMG>3
                          MH: CRS>9
                          MH: BDI>9
                          MH:Zung>32
    Findings:      DEP SCREEN 2 QUESTION POS (FI(1)=HF(612328))
                   DOM80 (FI(2)=MH(229))
                   DOMG (FI(3)=MH(232))
                   CRS (FI(4)=MH(19))
                   BDI (FI(5)=MH(223))
                   ZUNG (FI(6)=MH(87))

DEPRESSION THERAPY
    Class:         LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:   Any findings that represent intervention and ongoing
                   follow-up by a clinician for depression can be entered
                   here.  Patients receiving therapy outside of the VA may
                   need to have a health factor recorded that is mapped to
                   this term since they may not receive their medication,
                   psychotherapy or follow up through the VA.
    Findings:      CURRENT F/U OR RX FOR DEPRESSION (FI(1)=HF(612325))

DEPRESSION TO BE MANAGED IN PC
    Class:         LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:
```

```
    Findings:      DEPRESSION TO BE MANAGED IN PC (FI(1)=HF(612329))

NO DEPRESSIVE SX NEED INTERVENTION
    Class:         LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:
    Findings:      NO DEPRESSIVE SX NEED INTERVENTION (FI(1)=HF(612336))

PSYCHOTHERAPY
    Class:         LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:
    Findings:      PSYCHOTHERAPY CPT CODES (FI(1)=TX(51))

REFERRAL TO MENTAL HEALTH
    Class:         LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:
    Findings:      REFERRAL TO MENTAL HEALTH (FI(1)=HF(612335))



REFUSED AIM EVALUATION
    Class:         LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:
    Findings:      REFUSED AIM EVALUATION (FI(1)=HF(612323))

REFUSED ANTIPSYCHOTICS
    Class:         LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:
    Findings:      PT REFUSES TO TAKE ANTIPSYCHOTICS (FI(1)=HF(612324))

REFUSED DEPRESSION ASSESSMENT
    Class:         LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:
    Findings:      REFUSED DEPRESSION ASSESSMENT (FI(1)=HF(612330))

REFUSED DEPRESSION RX/INTERVENTION
    Class:         LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:
    Findings:      REFUSED DEPRESSION RX/INTERVENTION (FI(1)=HF(612331))

REFUSED DEPRESSION SCREENING
    Class:         LOCAL
    Date Created:
```

```
    Sponsor:
    Review Date:
    Description:
    Findings:      REFUSED DEPRESSION SCREENING (FI(1)=HF(612326))

SCHIZOPHRENIA DIAGNOSIS
    Class:         LOCAL
    Date Created:
    Sponsor:
    Review Date:
    Description:
    Findings:      SCHIZOPHRENIA (FI(1)=TX(49))

ANTIPSYCHOTIC DRUGS
    Class:
    Date Created:
    Sponsor:
    Review Date:
    Description:
    Findings:      CN700 (FI(2)=DC(90))
                   CN709 (FI(3)=DC(396))
                   CN701 (FI(4)=DC(91))
                   CHLORPROMAZINE (FI(5)=DG(216))
                   CLOZAPINE (CLOZARIL) (FI(7)=DG(3728))
                   FLUPHENAZINE (FI(8)=DG(115))
                   HALOPERIDOL (FI(9)=DG(445))
                   LOXAPINE (FI(10)=DG(266))
                   MESORIDAZINE BESYLATE (FI(11)=DG(1561))
                   MOLINDONE (FI(12)=DG(861))
                   OLANZAPINE (FI(13)=DG(3380))
                   PERPHENAZINE (FI(14)=DG(1136))
                   PIMOZIDE (FI(15)=DG(792))
                   PROMAZINE (FI(16)=DG(348))
                   QUETIAPINE (FI(17)=DG(3445))
                   RISPERIDONE (FI(18)=DG(3171))
                   THIORIDAZINE (FI(19)=DG(240))
                   THIOTHIXENE (FI(20)=DG(825))
                   TRIFLUOPERAZINE (FI(21)=DG(1213))
                   ZIPRASIDONE (FI(22)=DG(3688))
```

Appendix D: MH Reminder Health Factors

```
CURRENT F/U OR RX FOR DEPRESSION
DEP SCREEN 2 QUESTION NEG
DEP SCREEN 2 QUESTION POS
DEPRESSION ASSESS INCONCLUSIVE (?MDD)
DEPRESSION ASSESS NEGATIVE (NOT MDD)
DEPRESSION ASSESS POSITIVE (MDD)
DEPRESSION TO BE MANAGED IN PC
NO DEPRESSIVE SX NEED INTERVENTION
PT REFUSES TO TAKE ANTIPSYCHOTICS
REFERRAL TO MENTAL HEALTH
REFUSED AIM EVALUATION
REFUSED DEPRESSION ASSESSMENT
REFUSED DEPRESSION RX/INTERVENTION
REFUSED DEPRESSION SCREENING
UNABLE TO SCREEN-ACUTE MED CONDITION
UNABLE TO SCREEN-CHRONIC MED CONDITION
NEUROLEPTIC INJECTION
```

Appendix E: Depression Reminder Taxonomies

```
DEPRESSION DIAGNOSIS
-----------------------------------

Brief Description:
    Codes for depression, including MDD

Class:                        LOCAL

Sponsor:

Review Date:

Edit History:

    Edit Date: MAY  7,2002  11:50       Edit By: VOLPP,BRYAN D
    Edit Comments:  Exchange Install

    Edit Date: JUN  3,2002  16:46       Edit By: VOLPP,BRYAN D
    Edit Comments:

Patient Data Source:


Use Inactive Problems:


ICD9 Codes:

    Range  296.00-296.99

      Code      ICD Diagnosis
      ----      -------------
      296.00    MANIC DISORDER-UNSPEC
      296.01    MANIC DISORDER-MILD
      296.02    MANIC DISORDER-MOD
      296.03    MANIC DISORDER-SEVERE
      296.04    MANIC DIS-SEVERE W PSYCH
      296.05    MANIC DIS-PARTIAL REMISS
      296.06    MANIC DIS-FULL REMISSION
      296.10    RECUR MANIC DIS-UNSPEC
      296.11    RECUR MANIC DIS-MILD
      296.12    RECUR MANIC DIS-MOD
      296.13    RECUR MANIC DIS-SEVERE
      296.14    RECUR MANIC-SEV W PSYCHO
      296.15    RECUR MANIC-PART REMISS
      296.16    RECUR MANIC-FULL REMISS
      296.20    DEPRESS DISORDER-UNSPEC
      296.21    DEPRESS DISORDER-MILD
      296.22    DEPRESSIVE DISORDER-MOD
      296.23    DEPRESS DISORDER-SEV W/O PSYCH
      296.24    DEPR DISORDER-SEV W PSYCH
      296.25    DEPR DISORDER-PART REMISS
      296.26    DEPR DISORDER-FULL REMISS
      296.30    RECURR DEPR DISORDER-UNSP
      296.31    RECURR DEPR DISORDER-MILD
      296.32    RECURR DEPR DISORDER-MOD
      296.33    RECUR DEPR DISORDER-SEVERE
      296.34    REC DEPR DISORDER-PSYCHOTIC
      296.35    RECUR DEPR DISORDER-PART REM
      296.36    RECUR DEPR DISORDER-FULL REM
      296.40    BIPOL AFF, MANIC-UNSPEC
      296.41    BIPOLAR AFF, MANIC-MILD
      296.42    BIPOLAR AFFEC, MANIC-MOD
      296.43    BIPOL AFF, MANIC-SEVERE
      296.44    BIPOL MANIC-SEV W PSYCH
      296.45    BIPOL AFF MANIC-PART REM
      296.46    BIPOL AFF MANIC-FULL REM
      296.50    BIPOLAR AFF, DEPR-UNSPEC
      296.51    BIPOLAR AFFEC, DEPR-MILD
      296.52    BIPOLAR AFFEC, DEPR-MOD
      296.53    BIPOL AFF, DEPR-SEVERE
      296.54    BIPOL DEPR-SEV W PSYCH
      296.55    BIPOL AFF DEPR-PART REM
      296.56    BIPOL AFF DEPR-FULL REM
      296.60    BIPOL AFF, MIXED-UNSPEC
      296.61    BIPOLAR AFF, MIXED-MILD
      296.62    BIPOLAR AFFEC, MIXED-MOD
      296.63    BIPOL AFF, MIXED-SEVERE
      296.64    BIPOL MIXED-SEV W PSYCH
      296.65    BIPOL AFF, MIX-PART REM
      296.66    BIPOL AFF, MIX-FULL REM
      296.7     BIPOLAR AFFECTIVE NOS
      296.80    MANIC-DEPRESSIVE NOS
      296.81    ATYPICAL MANIC DISORDER
      296.82    ATYPICAL DEPRESSIVE DIS
      296.89    MANIC-DEPRESSIVE NEC
      296.90    AFFECTIVE PSYCHOSIS NOS
      296.99    AFFECTIVE PSYCHOSES NEC

    Range  301.12-301.12

      Code      ICD Diagnosis
      ----      -------------
      301.12    CHR DEPRESSIVE PERSON

    Range  309.0-309.1

      Code      ICD Diagnosis
      ----      -------------
      309.0     BRIEF DEPRESSIVE REACT
      309.1     PROLONG DEPRESSIVE REACT

    Range  311.-311.

      Code      ICD Diagnosis
      ----      -------------
      311.      DEPRESSIVE DISORDER NEC


ICD0 Codes:
```

```
CPT Codes:


SCHIZOPHRENIA
-----------------------------------

Brief Description:
    SCHIZOPHRENIA CODES

Class:                        LOCAL

Sponsor:

Review Date:

Edit History:

    Edit Date: MAR 25,2002  12:25       Edit By: VOLPP,BRYAN D
    Edit Comments:  Copied from SCHIZOPHRENIA

Patient Data Source:


Use Inactive Problems:


ICD9 Codes:

    Range  295.00-295.95

      Code      ICD Diagnosis
      ----      -------------
      295.00    SIMPL SCHIZOPHREN-UNSPEC
      295.01    SIMPL SCHIZOPHREN-SUBCHR
      295.02    SIMPLE SCHIZOPHREN-CHR
      295.03    SIMP SCHIZ-SUBCHR/EXACER
      295.04    SIMPL SCHIZO-CHR/EXACERB
      295.05    SIMPL SCHIZOPHREN-REMISS
      295.10    DISORGANIZED SCHIZO-UNSP
      295.11    DISORGANIZED SCHIZO-SUBCHRONIC
      295.12    DISORGANIZED SCHIZO-CHRONIC
      295.13    DISORG SCHIZO-SUBCHR/EXACERB
      295.14    DISORG SCHIZO-CHR/EXACERB
      295.15    DISORGANIZED SCHIZO-REMISS
      295.20    CATATONIC-UNSPEC
      295.21    CATATONIC-SUBCHRONIC
      295.22    CATATONIC-CHRONIC
      295.23    CATATONIC-SUBCHR/EXACERB
      295.24    CATATONIC-CHR/EXACERB
      295.25    CATATONIC-REMISSION
      295.30    PARANOID SCHIZO-UNSPEC
      295.31    PARANOID SCHIZO-SUBCHR
      295.32    PARANOID SCHIZO-CHRONIC
      295.33    PARAN SCHIZO-SUBCHR/EXAC
      295.34    PARAN SCHIZO-CHR/EXACERB
```

```
295.35    PARANOID SCHIZO-REMISS
295.40    AC SCHIZOPHRENIA-UNSPEC
295.41    AC SCHIZOPHRENIA-SUBCHR
295.42    AC SCHIZOPHRENIA-CHR
295.43    AC SCHIZO-SUBCHR/EXACERB
295.44    AC SCHIZOPHR-CHR/EXACERB
295.45    AC SCHIZOPHRENIA-REMISS
295.50    LATENT SCHIZOPHREN-UNSP
295.51    LAT SCHIZOPHREN-SUBCHR
295.52    LATENT SCHIZOPHREN-CHR
295.53    LAT SCHIZO-SUBCHR/EXACER
295.54    LATENT SCHIZO-CHR/EXACER
295.55    LAT SCHIZOPHREN-REMISS
295.60    RESID SCHIZOPHREN-UNSP
295.61    RESID SCHIZOPHREN-SUBCHR
295.62    RESIDUAL SCHIZOPHREN-CHR
295.63    RESID SCHIZO-SUBCHR/EXAC
295.64    RESID SCHIZO-CHR/EXACERB
295.65    RESID SCHIZOPHREN-REMISS
295.70    SCHIZOAFFECTIVE-UNSPEC
295.71    SCHIZOAFFECTIVE-SUBCHR
295.72    SCHIZOAFFECTIVE-CHRONIC
295.73    SCHIZOAFF-SUBCHR/EXACER
295.74    SCHIZOAFFECT-CHR/EXACER
295.75    SCHIZOAFFECTIVE-REMISS
295.80    SCHIZOPHRENIA OTH-UNSPEC
295.81    SCHIZOPHRENIA OTH-SUBCHR
295.82    SCHIZOPHRENIA OTH-CHR
295.83    SCHIZO OTH-SUBCHR/EXACER
295.84    SCHIZO OTH-CHR/EXACERB
295.85    SCHIZOPHRENIA OTH-REMISS
295.90    SCHIZOPHRENIA NOS-UNSPEC
295.91    SCHIZOPHRENIA NOS-SUBCHR
295.92    SCHIZOPHRENIA NOS-CHR
295.93    SCHIZO NOS-SUBCHR/EXACER
295.94    SCHIZO NOS-CHR/EXACERB
295.95    SCHIZOPHRENIA NOS-REMISS
```

Appendix F: How to modify AIMS reminders to allow reporting of patients with schizophrenia who are on antipsychotics

This appendix describes how to copy the exported AIMS reminder and modify the copy to allow you to run reports on patients with schizophrenia who are on antipsychotics. (This will give you reporting numbers that match the performance measure).

1. Review the AIMS reminder definition.

Option: Reminders Definition Management on the *Reminder Managers Menu*

AIMS Reminder

```
REMINDER DEFINITION INQUIRY                      Feb 02, 2003 8:24:29 am  Page 1
--------------------------------------------------------------------------------

VA-ANTIPSYCHOTIC MED SIDE EFF EVAL No.  177
--------------------------------------------

Print Name:                   Eval for Abnl Involuntary Movements

Class:                        NATIONAL

Sponsor:                      JOHN D DEMAKIS

Review Date:

Usage:                        CPRS, REPORTS

Related VA-* Reminder:

Reminder Dialog:              VA-AIMS

Priority:

Reminder Description:
    Prolonged use of antipsychotic medications can result in abnormal
    involuntary movement disorders, which can be managed by changing
    medications, altering the dose of a medication, or prescribing
    medications to control the movement disorder symptoms. Thus, the
    Psychoses Clinical Practice Guideline recommends an evaluation of
    movement disorder symptoms annually for patients on antipsychotic
    medications using either the Abnormal Involuntary Movement Scale (AIMS)
    or the Simpson-Angus. The proposed reminder would prompt clinicians to
    complete an evaluation of movement disorders once a year on patients
    taking antipsychotic medications. The biggest challenge in defining this
    reminder is the identification of the cohort of patients to whom it is
    applicable. The pharmacy database structure does not make it easy to
    identify patients who have been on antipsychotics for a prolonged period
    of time. Even if it did, there are some patients who have not received
    antipsychotics from VHA for an extended period but who have been
    receiving these medications for a long time from non-VHA sources or who
    are receiving depot neuroleptics from ward stock (not recorded in the
    pharmacy files.). If the cohort were defined simply as any patients
    currently on an antipsychotic, it would be applicable to patients who
    have been on an antipsychotic for a very brief period of time. The
    solution to the cohort problem taken by the proposed reminder is to limit
    the applicability of the reminder to patients on specific antipsychotic
    drug classes which do not include those medications commonly used as
    antiemetics.

    Sites should ensure that the AIMS reminder does not appear for clinicians
    who are not responsible for the management of antipsychotic medication
    side effects. This can be accomplished by using the CPRS cover sheet
    parameters to display the reminder only to those users who evaluate the
    patients for side effects of antipsychotics.
    The proposed reminder could be resolved in one of three ways: (1) by
    administering the AIMS, (2) by indicating that the patient was
    non-compliant with the prescribed medication, or (3) by indicating the
    patient refused the evaluation. Clinician narrative documentation of
    motor control is not sufficient.

    This national reminder contains reminder terms for the positive and
    negative evaluation for abnormal involuntary movements. If sites use a
    local health factor or exam or use the Simpson-Angus and record the
    results as a health factor, then those sites will need to map the
    findings to the terms and add appropriate entries to the dialog to match:

      AIM EVALUATION NEGATIVE
      AIM EVALUATION POSITIVE

    The only findings in these reminder terms that are exported are the
    results of the AIMS from the Mental Health package.

    The reminder term ANTIPSYCHOTIC MEDICATIONS contains the drug classes
    CN701 and CN709.  In addition, a health factor is included in this term
    for use in recording that the patient is on a depot antipsychotic that is
    being administered in clinic from ward stock. If the medication is not
    dispensed from the pharmacy, then no data is available to the reminder to
    determine that the patient is on an antipsychotic unless this health
    factor is used.  This health factor for depot neuroleptics can be placed
    on an encounter form or into a reminder dialog for injections.

Technical Description:
    The reminder terms for this reminder are:
         AIM EVALUATION NEGATIVE
            Includes AIMS<=6 as indicated by a score in the MH package.

         AIM EVALUATION POSITIVE
            Includes AIMS>=7 as indicated by a score in the MH package.

         ANTIPSYCHOTIC DRUGS
            Includes a health factor for administration of depot neuroleptics
            from ward stock and the drug classes CN701 AND CN709.

         REFUSED AIM EVALUATION
            Includes a health factor for refusal of evaluation.  Used in
            resolution logic to resolve the reminder for 3 months.

         REFUSED ANTIPSYCHOTICS
            Includes health factor for refusal to take medications.  This
            finding excludes the patient from the cohort for 1 month.

         SCHIZOPHRENIA DIAGNOSIS
            This term includes the taxonomy for schizophrenia (295.00 -
            295.95).

    The reminder is due if the patient is on medication (RT:ANTIPSYCHOTIC
    DRUGS).  The finding for the reminder term for the drugs has an effective
    period of 30 days. (This means that the reminder will show as due for the
    time period that the patient has an active supply of drug based on last
    release date plus the days' supply and for an additional 30 days.) The
    health factor of DEPOT NEUROLEPTIC has an effective period of 60 days.

Edit History:

    Edit date:  Jan 16, 2003@16:29:10   Edit by:    SMITH,VAUGHN
    Edit Comments:



Baseline Frequency:

      Do In Advance Time Frame:  Do if DUE within 1 month
                  Sex Specific:
                 Ignore on N/A:
```

```
      Frequency for Age Range:  1 year for all ages
                    Match Text:
                 No Match Text:


Findings:

                 Finding Item: SCHIZOPHRENIA DIAGNOSIS  (FI(1)=RT(111))
                 Finding Type: REMINDER TERM
             Effective Period: 1Y
                   Found Text: The patient has a diagnosis of schizophrenia.

                 Finding Item: ANTIPSYCHOTIC DRUGS  (FI(2)=RT(112))
                 Finding Type: REMINDER TERM
  Use in Patient Cohort Logic: AND
             Effective Period: 30D

                 Finding Item: AIM EVALUATION NEGATIVE  (FI(3)=RT(113))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR

                 Finding Item: AIM EVALUATION POSITIVE  (FI(4)=RT(114))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR

                 Finding Item: REFUSED AIM EVALUATION  (FI(5)=RT(116))
                 Finding Type: REMINDER TERM
      Use in Resolution Logic: OR
             Effective Period: 3M

                 Finding Item: REFUSED ANTIPSYCHOTICS  (FI(6)=RT(115))
                 Finding Type: REMINDER TERM
  Use in Patient Cohort Logic: AND NOT
             Effective Period: 30D

General Patient Cohort Found Text:
    Patients on long-term antipsychotics should have an evaluation for side
    effects by administration of a test for abnormal involuntary movements on
    at least a yearly basis.

General Patient Cohort Not Found Text:

General Resolution Found Text:

General Resolution Not Found Text:

Default PATIENT COHORT LOGIC to see if the Reminder applies to a patient:
     (SEX)&(AGE)&FI(2)&'FI(6)

Expanded Patient Cohort Logic:
     (SEX)&(AGE)&FI(ANTIPSYCHOTIC DRUGS)&'FI(REFUSED ANTIPSYCHOTICS)

Default RESOLUTION LOGIC defines findings that resolve the Reminder:
     FI(3)!FI(4)!FI(5)

Expanded Resolution Logic:
     FI(AIM EVALUATION NEGATIVE)!FI(AIM EVALUATION POSITIVE)!
     FI(REFUSED AIM EVALUATION)


Web Sites:

 Web Site URL:
http://www.oqp.med.va.gov/cpg/cpg.htm

Web Site Title:  CPG Website
```

2. Copy and edit the exported definition to a locally named definition

Option: Copy Reminders Definition on the Reminder Management Menu

a. Copy the reminder definition VA-ANTIPSYCHOTIC MED SIDE EFF EVAL to a local reminder definition – for example, AIMS - SCHIZOPHRENIA AND ANTIPSYCHOTICS, and then edit the reminder.

b. Change the Reminder definition description text to reflect the changes.

c. If the new reminder is to be used only for reporting purposes, then enter an 'R' in the Usage field.

```
Select Reminder Definition Management Option: rc  Copy Reminder Definition

Select the reminder item to copy: VA-ANTIPSYCHOTIC MED SIDE EFF EVAL      LOCAL
PLEASE ENTER A UNIQUE NAME: AIMS - SCHIZOPHRENIA AND ANTIPSYCHOTICS

The original reminder ANTIPSYCHOTIC MED SIDE EFF EVAL has been copied into AIMS -
SCHIZOPHRENIA AND ANTIPSYCHOTICS

Do you want to edit it now? YES

     Select one of the following:
          A         All reminder details
          G         General
          B         Baseline Frequency
          F         Findings
          L         Logic
          D         Reminder Dialog
          W         Web Addresses

Select section to edit: All reminder details

NAME: AIMS - SCHIZOPHRENIA AND ANTIPSYCHOTICS Replace <Enter>

PRINT NAME: Eval for Abnl Involuntary Movements  Replace <Enter>
CLASS: LOCAL// <Enter>
SPONSOR: <Enter>
REVIEW DATE: <Enter>
USAGE: CR// R

RELATED REMINDER GUIDELINE: <Enter>

INACTIVE FLAG: <Enter>

REMINDER DESCRIPTION:. . .
       . . .
The only findings in these reminder terms that are exported are the
results of the AIMS from the Mental Health package.


The reminder term ANTIPSYCHOTIC MEDICATIONS contains a health factor
for recording that the patient is on a depot antipsychotic that is being
administered in clinic from ward stock. If the medication is not
dispensed from the pharmacy, then no data is available to the reminder to
determine that the patient is on an antipsychotic unless this health
factor is used.

  Edit? NO// YES
```

3. a. Open the finding for the diagnosis of schizophrenia (reminder term) and add an "AND" to the Use in Cohort logic field.

b. Change the time limit in the Effective Period field to indicate how far back to look for a diagnosis of schizophrenia.

```
               Finding Item: SCHIZOPHRENIA DIAGNOSIS  (FI(1)=RT(111))
               Finding Type: REMINDER TERM
                 Found Text: The patient has a diagnosis of schizophrenia.
Use in Patient Cohort Logic: AND
           Effective Period: 2Y
```

4. Run the Reminder Test option after term definition mapping is completed. Review the results of patient data with each of the findings mapped to the term.
Option: Reminders Test on the *Reminder Managers Menu*

5. Verify that the reminder functions properly

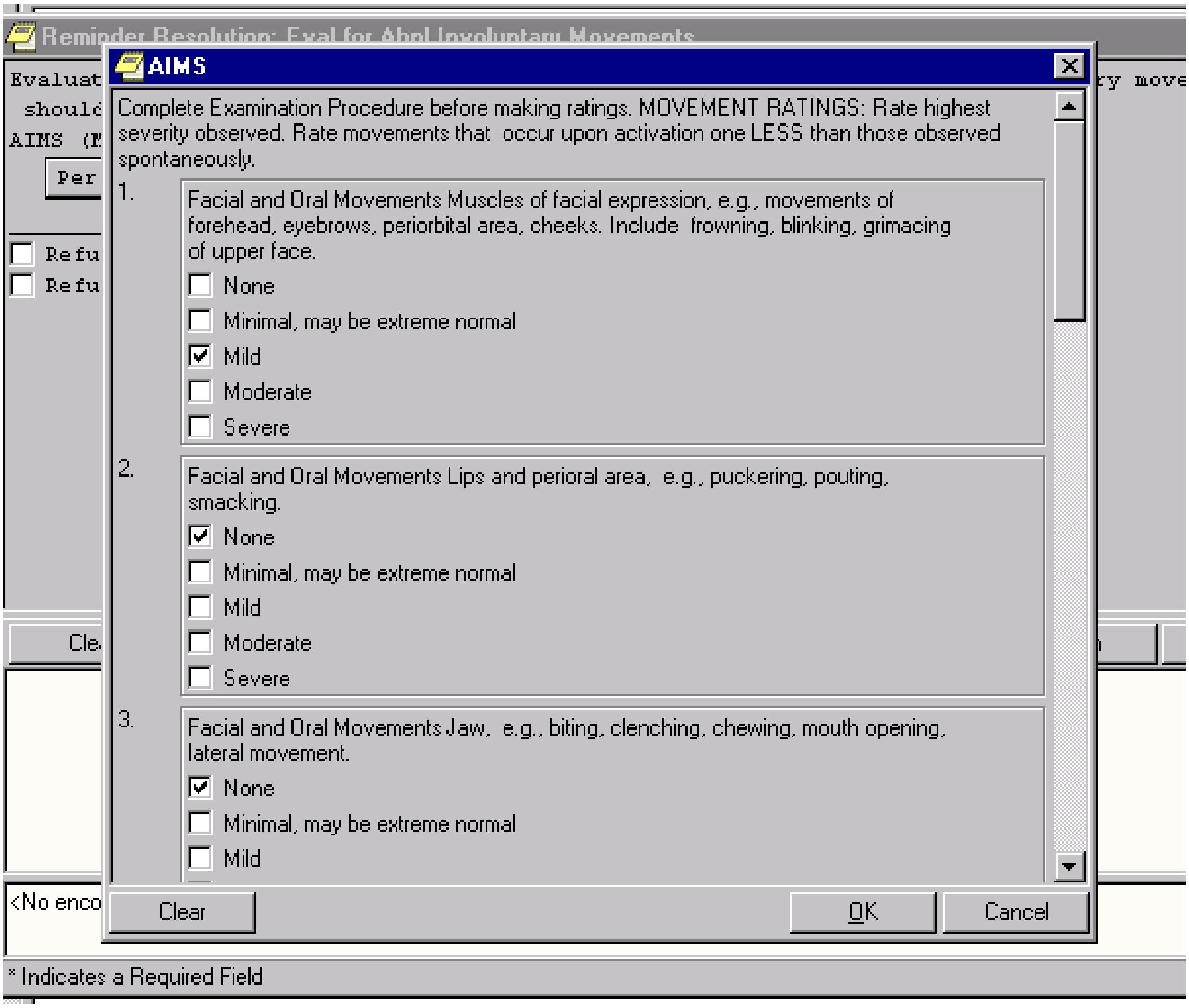
a. Run a Reminders Due Report to determine if the DEPRESSION Clinical Reminder statuses reported are correct. This report can be displayed at the beginning of the day for patients being seen that day.

b. Use the Reminder Test option to test the reminders.

6. If the new reminder is to be used in CPRS, verify that the dialog functions properly
Exercise point-and-click reminder resolution processing through CPRS GUI. Check that each element posts the correct progress note text, finding item to PCE, and also satisfies the reminder.

NOTE:: Remember that if you create the reminder as indicated above, it will be due for patients with schizophrenia and on antipsychotics. The national reminder will be due on all patients on antipsychotics. If you display both reminders to clinicians, then they will see two reminders for the same intervention on patients with schizophrenia and on antipsychotics.
This is not recommended.

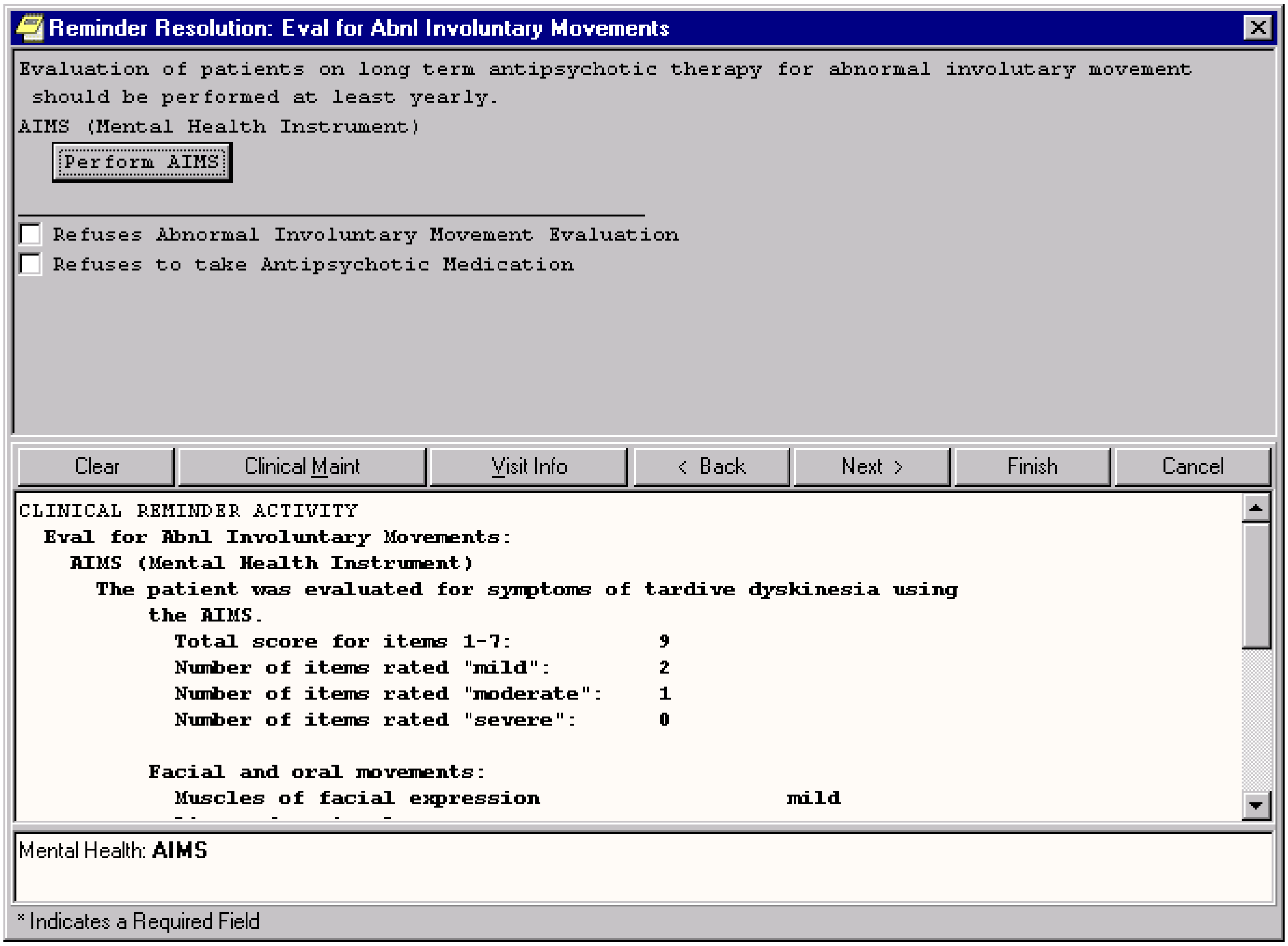
AIMS Dialog


Reminder Resolution: Eval for Abnl Involuntary Movements
AIMS
Evaluat
should
AIMS (I
Per
Refu
Refu
Cle
<No enco
ry move
Clear
OK
Cancel

Complete Examination Procedure before making ratings. MOVEMENT RATINGS: Rate highest severity observed. Rate movements that occur upon activation one LESS than those observed spontaneously.

1. Facial and Oral Movements Muscles of facial expression, e.g., movements of forehead, eyebrows, periorbital area, cheeks. Include frowning, blinking, grimacing of upper face.
   - ☐ None
   - ☐ Minimal, may be extreme normal
   - ☑ Mild
   - ☐ Moderate
   - ☐ Severe
2. Facial and Oral Movements Lips and perioral area, e.g., puckering, pouting, smacking.
   - ☑ None
   - ☐ Minimal, may be extreme normal
   - ☐ Mild
   - ☐ Moderate
   - ☐ Severe
3. Facial and Oral Movements Jaw, e.g., biting, clenching, chewing, mouth opening, lateral movement.
   - ☑ None
   - ☐ Minimal, may be extreme normal
   - ☐ Mild

* Indicates a Required Field


Reminder Resolution: Eval for Abnl Involuntary Movements
Perform AIMS
Clear
Clinical Maint
Visit Info
< Back
Next >
Finish
Cancel

Evaluation of patients on long term antipsychotic therapy for abnormal involutary movement should be performed at least yearly.

AIMS (Mental Health Instrument)

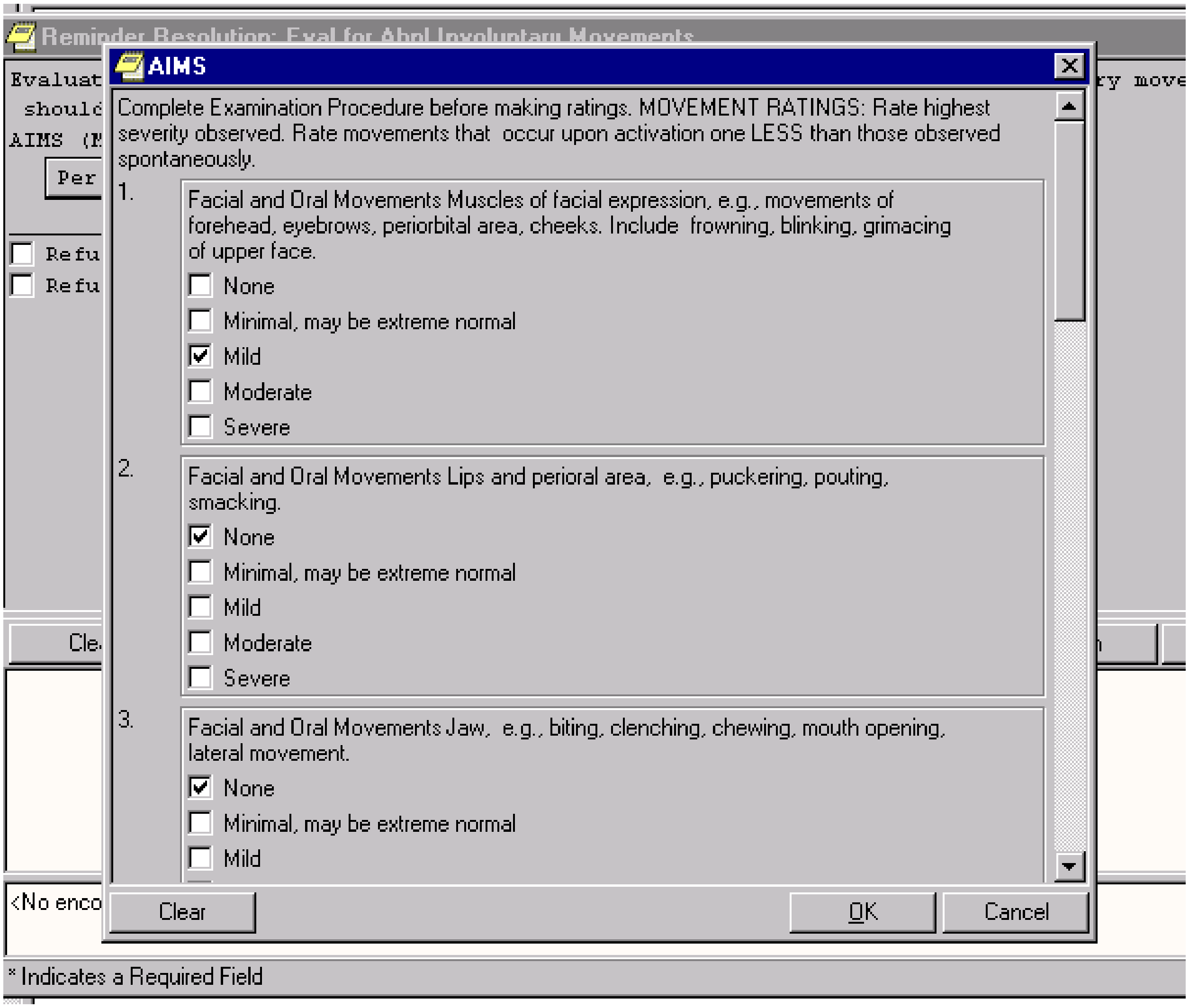
☐ Refuses Abnormal Involuntary Movement Evaluation

☐ Refuses to take Antipsychotic Medication

```
CLINICAL REMINDER ACTIVITY
  Eval for Abnl Involuntary Movements:
    AIMS (Mental Health Instrument)
      The patient was evaluated for symptoms of tardive dyskinesia using
          the AIMS.
            Total score for items 1-7:          9
            Number of items rated "mild":       2
            Number of items rated "moderate":   1
            Number of items rated "severe":     0

          Facial and oral movements:
            Muscles of facial expression                 mild
```

Mental Health: **AIMS**

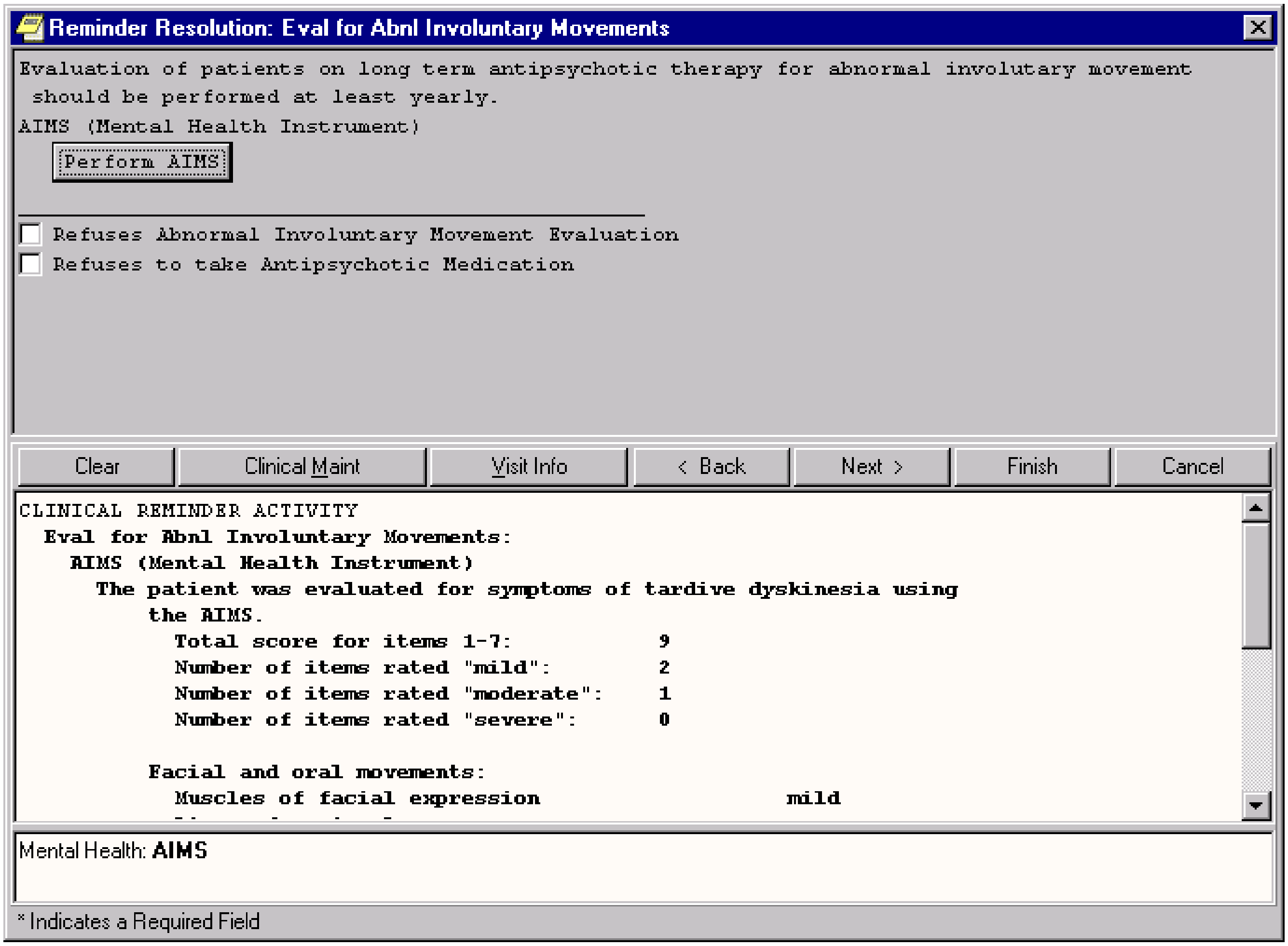
* Indicates a Required Field


Reminder Resolution: Eval for Abnl Involuntary Movements
Evaluat
should
AIMS (M
Per
☐ Refu
☐ Refu
Cle
<No enco
ry move
AIMS
Clear
OK
Cancel

Complete Examination Procedure before making ratings. MOVEMENT RATINGS: Rate highest severity observed. Rate movements that occur upon activation one LESS than those observed spontaneously.

1. Facial and Oral Movements Muscles of facial expression, e.g., movements of forehead, eyebrows, periorbital area, cheeks. Include frowning, blinking, grimacing of upper face.
   - ☐ None
   - ☐ Minimal, may be extreme normal
   - ☑ Mild
   - ☐ Moderate
   - ☐ Severe
2. Facial and Oral Movements Lips and perioral area, e.g., puckering, pouting, smacking.
   - ☑ None
   - ☐ Minimal, may be extreme normal
   - ☐ Mild
   - ☐ Moderate
   - ☐ Severe
3. Facial and Oral Movements Jaw, e.g., biting, clenching, chewing, mouth opening, lateral movement.
   - ☑ None
   - ☐ Minimal, may be extreme normal
   - ☐ Mild

* Indicates a Required Field


Reminder Resolution: Eval for Abnl Involuntary Movements
Perform AIMS
Clear
Clinical Maint
Visit Info
< Back
Next >
Finish
Cancel

Evaluation of patients on long term antipsychotic therapy for abnormal involutary movement should be performed at least yearly.

AIMS (Mental Health Instrument)

☐ Refuses Abnormal Involuntary Movement Evaluation

☐ Refuses to take Antipsychotic Medication

```
CLINICAL REMINDER ACTIVITY
  Eval for Abnl Involuntary Movements:
    AIMS (Mental Health Instrument)
      The patient was evaluated for symptoms of tardive dyskinesia using
          the AIMS.
            Total score for items 1-7:          9
            Number of items rated "mild":       2
            Number of items rated "moderate":   1
            Number of items rated "severe":     0

          Facial and oral movements:
            Muscles of facial expression                    mild
```

Mental Health: **AIMS**

* Indicates a Required Field

Appendix G: How to Combine the Assessment and the Screening Reminder Dialogs

Some sites have expressed an interest in having the POSITIVE DEPRESSION screen checkbox open up when checked off, to allow the user to go ahead and do the assessment of the positive screen at the same time that the depression screen is being recorded.

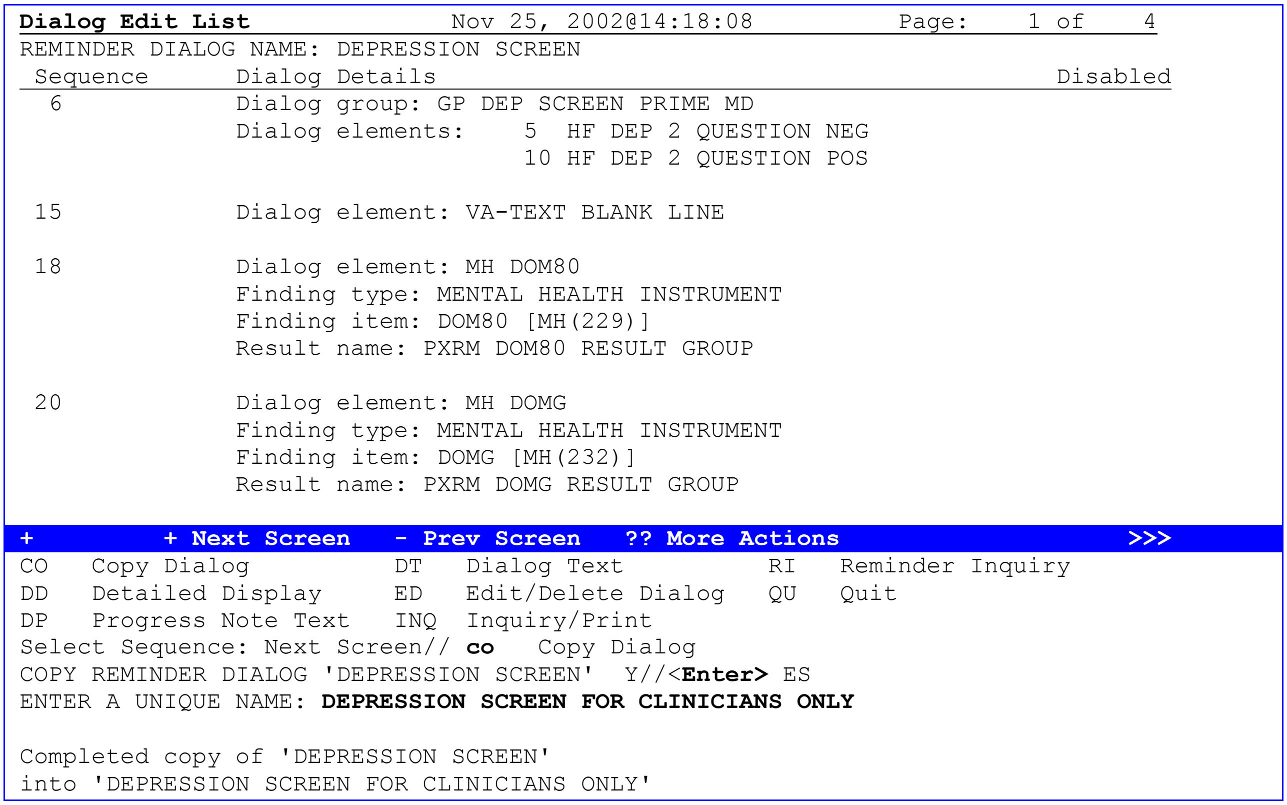
The advantage of this is that a qualified provider can do the screening and the assessment of a positive screen in one reminder dialog.

The disadvantage is that if the site is not careful, those users who do the depression screening but who are not qualified to perform the assessment could be tempted to click off items from the list.

Step 1: Review the items from the Depression Assessment dialog that you want to include in the Depression Screening dialog under the option of POSITIVE DEPRESSION SCREEN.

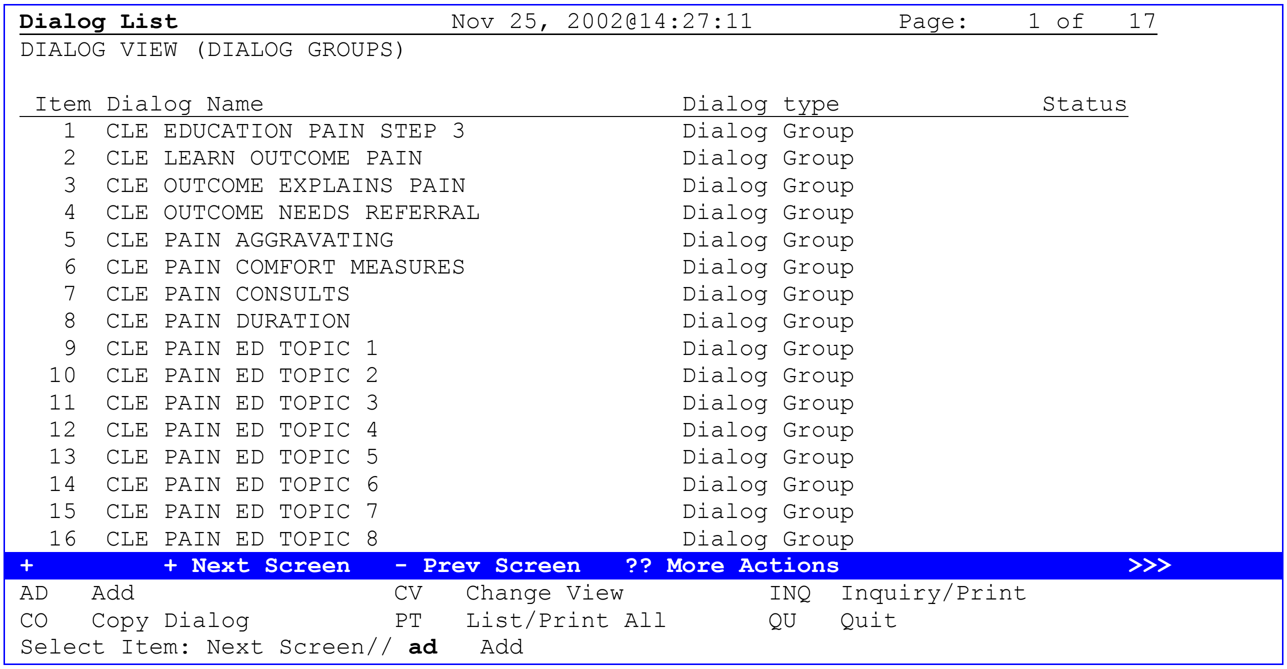
```
REMINDER DIALOG NAME: DEPRESSION ASSESSMENT
-Sequence------Dialog Details-------------------------------------------------
  5            Dialog element: TEXT DEPRESSION EVAL INSTRUCTIONS

  7            Dialog element: TEXT BLANK LINE WITH TEMPLATE FIELD

 10            Dialog group: GP DEP MDD CRITERIA DISPLAY
               Dialog elements:    5  TEXT MDD DSM-IV CRITERIA DISPLAY

 12            Dialog group: GP PHQ 9
               Dialog elements:    5  TEXT PHQ 9

 15            Dialog element: VA-TEXT BLANK LINE

 20            Dialog group: GP DEP ASSESSMENT RESULTS
               Dialog elements:    3  HF NO SX OF DEP NEED RX
                                   5  GP DEP EVAL NEGATIVE
                                   10 GP DEP EVAL POSITIVE
                                   15 GP DEP EVAL INCONCLUSIVE
                                   20 REFUSES DEPRESSION ASSESSMENT

 24            Dialog element: VA-TEXT BLANK LINE

 30            Dialog element: HF PT FOLLOWED FOR DEPRESSION
               Resolution: DONE AT ENCOUNTER
               Finding type: HEALTH FACTOR
               Finding item: CURRENT F/U OR RX FOR DEPRESSION [HF(612325)]

 35            Dialog element: TEXT BLANK LINE WITH TEMPLATE FIELD

 40            Dialog element: TEXT DEP CPG URL
```

Step 2: Copy the dialog for the Depression Screening.



```
Dialog Edit List              Nov 25, 2002@14:18:08          Page:    1 of    4
REMINDER DIALOG NAME: DEPRESSION SCREEN
 Sequence         Dialog Details                                         Disabled
  6               Dialog group: GP DEP SCREEN PRIME MD
                  Dialog elements:    5  HF DEP 2 QUESTION NEG
                                      10  HF DEP 2 QUESTION POS

 15               Dialog element: VA-TEXT BLANK LINE

 18               Dialog element: MH DOM80
                  Finding type: MENTAL HEALTH INSTRUMENT
                  Finding item: DOM80 [MH(229)]
                  Result name: PXRM DOM80 RESULT GROUP

 20               Dialog element: MH DOMG
                  Finding type: MENTAL HEALTH INSTRUMENT
                  Finding item: DOMG [MH(232)]
                  Result name: PXRM DOMG RESULT GROUP

+          + Next Screen   - Prev Screen   ?? More Actions                    >>>
CO    Copy Dialog            DT    Dialog Text           RI    Reminder Inquiry
DD    Detailed Display       ED    Edit/Delete Dialog    QU    Quit
DP    Progress Note Text     INQ   Inquiry/Print
Select Sequence: Next Screen// co    Copy Dialog
COPY REMINDER DIALOG 'DEPRESSION SCREEN'  Y//<Enter> ES
ENTER A UNIQUE NAME: DEPRESSION SCREEN FOR CLINICIANS ONLY

Completed copy of 'DEPRESSION SCREEN'
into 'DEPRESSION SCREEN FOR CLINICIANS ONLY'
```

Step 3: Create a dialog group that includes all the findings from the depression assessment that you want in the depression screening reminder



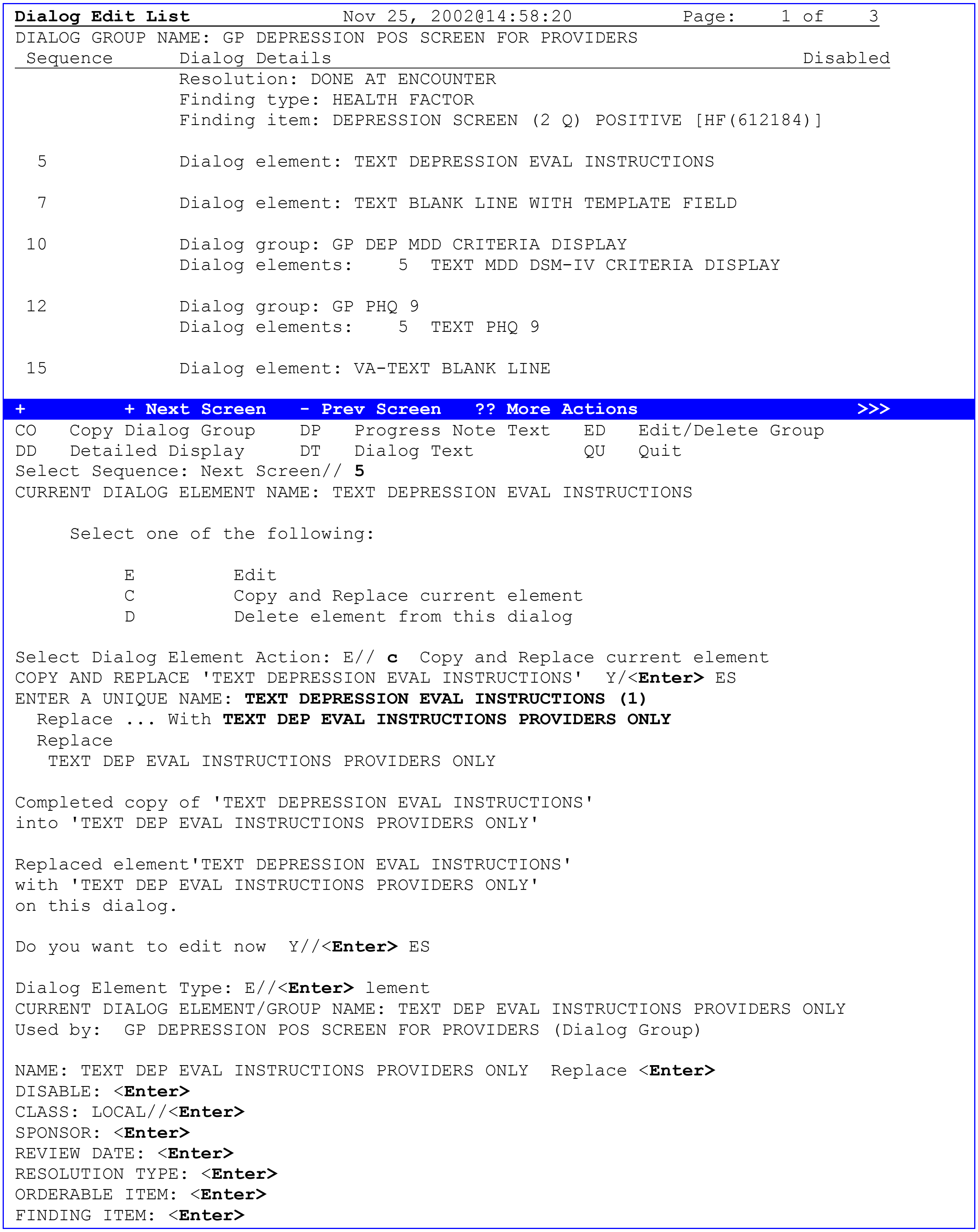
```
Dialog List                   Nov 25, 2002@14:27:11          Page:    1 of   17
DIALOG VIEW (DIALOG GROUPS)

 Item Dialog Name                               Dialog type              Status
   1  CLE EDUCATION PAIN STEP 3                 Dialog Group
   2  CLE LEARN OUTCOME PAIN                    Dialog Group
   3  CLE OUTCOME EXPLAINS PAIN                 Dialog Group
   4  CLE OUTCOME NEEDS REFERRAL                Dialog Group
   5  CLE PAIN AGGRAVATING                      Dialog Group
   6  CLE PAIN COMFORT MEASURES                 Dialog Group
   7  CLE PAIN CONSULTS                         Dialog Group
   8  CLE PAIN DURATION                         Dialog Group
   9  CLE PAIN ED TOPIC 1                       Dialog Group
  10  CLE PAIN ED TOPIC 2                       Dialog Group
  11  CLE PAIN ED TOPIC 3                       Dialog Group
  12  CLE PAIN ED TOPIC 4                       Dialog Group
  13  CLE PAIN ED TOPIC 5                       Dialog Group
  14  CLE PAIN ED TOPIC 6                       Dialog Group
  15  CLE PAIN ED TOPIC 7                       Dialog Group
  16  CLE PAIN ED TOPIC 8                       Dialog Group
+          + Next Screen   - Prev Screen   ?? More Actions                    >>>
AD    Add                    CV    Change View           INQ   Inquiry/Print
CO    Copy Dialog            PT    List/Print All        QU    Quit
Select Item: Next Screen// ad    Add
Select DIALOG to add: GP DEPRESSION POS SCREEN FOR PROVIDERS
  Are you adding 'GP DEPRESSION POS SCREEN FOR PROVIDERS' as
    a new REMINDER DIALOG (the 1544TH)? No// Y  (Yes)
Not used by any other dialog

NAME: GP DEPRESSION POS SCREEN FOR PROVIDERS  Replace <Enter>
DISABLE: <Enter>
CLASS: L  LOCAL
SPONSOR: <Enter>
REVIEW DATE: <Enter>
RESOLUTION TYPE: DONE
     1   DONE AT ENCOUNTER
     2   DONE ELSEWHERE (HISTORICAL)
CHOOSE 1-2: 1  DONE AT ENCOUNTER
ORDERABLE ITEM: <Enter>
FINDING ITEM: HF.DEPRE
     1   DEP SCREEN 2 QUESTION NEG
     2   DEP SCREEN 2 QUESTION POS
CHOOSE 1-2: 2  DEPRESSION SCREEN 2 QUESTION POS
GROUP CAPTION: <Enter>
PUT A BOX AROUND THE GROUP: Y  YES
SHARE COMMON PROMPTS: N  NO
MULTIPLE SELECTION: NO S  NO SELECTION REQUIRED
HIDE/SHOW GROUP: H  HIDE
GROUP HEADER DIALOG TEXT:
  No existing text
  Edit? NO// YES

==[ WRAP ]==[ INSERT ]======< GROUP HEADER DIALOG TEXT >=====[ <PF1>H=Help ]====
Depression Screen Positive




<=======T=======T=======T=======T=======T=======T=======T=======T=======T>======




GROUP HEADER ALTERNATE P/N TEXT:
  No existing text
  Edit? NO// y  YES

==[ WRAP ]==[ INSERT ]===< GROUP HEADER ALTERNATE P/N TEX >==[ <PF1>H=Help ]====
The 2 question depression screen was performed and the patient's
depression screen is positive.




<=======T=======T=======T=======T=======T=======T=======T=======T=======T>======



EXCLUDE FROM PROGRESS NOTE: <Enter>
SUPPRESS CHECKBOX: <Enter>
NUMBER OF INDENTS: 3
INDENT PROGRESS NOTE TEXT: 1  INDENT
Select ADDITIONAL FINDINGS:
Select SEQUENCE: 5
  DIALOG ELEMENT: TEXT DEPRESSION EVAL INSTRUCTIONS       dialog element   LOCAL
         ...OK? Yes// <Enter>  (Yes)

  EXCLUDE FROM PN TEXT: <Enter>
Select SEQUENCE: 7
  DIALOG ELEMENT: TEXT BLANK LINE WITH TEMPLATE FIELD       dialog element     LOCAL
         ...OK? Yes//<Enter>   (Yes)
  EXCLUDE FROM PN TEXT: <Enter>
Select SEQUENCE: 10
  DIALOG ELEMENT: GP DEP MDD CRITERIA DISPLAY       dialog group     LOCAL
         ...OK? Yes// <Enter>  (Yes)

  EXCLUDE FROM PN TEXT: <Enter>
Select SEQUENCE: 12
  DIALOG ELEMENT: GP PHQ 9       dialog group     LOCAL
         ...OK? Yes// <Enter>  (Yes)

  EXCLUDE FROM PN TEXT: <Enter>
Select SEQUENCE: 15
  DIALOG ELEMENT: VA-TEXT BLANK LINE       dialog element     NATIONAL
         ...OK? Yes// <Enter>  (Yes)

  EXCLUDE FROM PN TEXT: <Enter>
Select SEQUENCE: 20
  DIALOG ELEMENT: GP DEP ASSESSMENT RESULTS       dialog group     LOCAL
         ...OK? Yes// <Enter>  (Yes)

  EXCLUDE FROM PN TEXT: <Enter>
Select SEQUENCE: 24
  DIALOG ELEMENT: VA-TEXT BLANK LINE       dialog element     NATIONAL
         ...OK? Yes//<Enter>   (Yes)

  EXCLUDE FROM PN TEXT: <Enter>
Select SEQUENCE: 30
  DIALOG ELEMENT: HF PT FOLLOWED FOR DEPRESSION       dialog element     LOCAL
         ...OK? Yes// <Enter>  (Yes)

  EXCLUDE FROM PN TEXT: <Enter>
Select SEQUENCE: 35
  DIALOG ELEMENT: TEXT BLANK LINE WITH TEMPLATE FIELD       dialog element     LOCAL
         ...OK? Yes// <Enter>  (Yes)

  EXCLUDE FROM PN TEXT: <Enter>
Select SEQUENCE: <Enter>
```

Step 4: Copy the group dialog group in the copy of the depression screening reminder and substitute the new dialog group that contains the assessment information into this new group for the Positive Depression Screen dialog element.

```
Dialog Edit List              Nov 25, 2002@14:48:44          Page:    1 of    4
REMINDER DIALOG NAME: DEPRESSION SCREEN FOR CLINICIANS ONLY
 Sequence      Dialog Details                                             Disabled
  6            Dialog group: GP DEP SCREEN PRIME MD
               Dialog elements:    5  HF DEP 2 QUESTION NEG
                                   10 HF DEP 2 QUESTION POS

 15            Dialog element: VA-TEXT BLANK LINE

 18            Dialog element: MH DOM80
               Finding type: MENTAL HEALTH INSTRUMENT
               Finding item: DOM80 [MH(229)]
               Result name: PXRM DOM80 RESULT GROUP
 20            Dialog element: MH DOMG
               Finding type: MENTAL HEALTH INSTRUMENT
               Finding item: DOMG [MH(232)]

               Result name: PXRM DOMG RESULT GROUP

+         + Next Screen   - Prev Screen   ?? More Actions                    >>>
CO   Copy Dialog          DT   Dialog Text          RI   Reminder Inquiry
DD   Detailed Display     ED   Edit/Delete Dialog   QU   Quit
DP   Progress Note Text   INQ  Inquiry/Print
Select Sequence: Next Screen// 6
CURRENT DIALOG ELEMENT NAME: GP DEP SCREEN PRIME MD

     Select one of the following:

          E         Edit
          C         Copy and Replace current element
          D         Delete element from this dialog

Select Dialog Element Action: E// c  Copy and Replace current element
COPY AND REPLACE 'GP DEP SCREEN PRIME MD'  Y// <Enter>ES
ENTER A UNIQUE NAME: GP DEP SCREEN PRIME MD (1)  Replace ... With GP DEP SCREEN FOR
PROVIDERS
  Replace <Enter>
   GP DEP SCREEN FOR PROVIDERS

Completed copy of 'GP DEP SCREEN PRIME MD'
into 'GP DEP SCREEN FOR PROVIDERS'

Replaced element'GP DEP SCREEN PRIME MD'
with 'GP DEP SCREEN FOR PROVIDERS'
on this dialog.

Do you want to edit now  Y// <Enter> ES

NAME: GP DEP SCREEN FOR PROVIDERS// <Enter>
DISABLE: <Enter>
CLASS: LOCAL//<Enter>
SPONSOR: <Enter>
REVIEW DATE: <Enter>
RESOLUTION TYPE: <Enter>
ORDERABLE ITEM: <Enter>
FINDING ITEM: <Enter>
GROUP CAPTION: <Enter>
PUT A BOX AROUND THE GROUP: YES//<Enter>
SHARE COMMON PROMPTS: NO//<Enter>
MULTIPLE SELECTION: NONE OR ONE SELECTION//<Enter>
HIDE/SHOW GROUP: SHOW//<Enter>
GROUP HEADER DIALOG TEXT:. . .
       . . .
1.  During the past month, have you often been bothered
    by feeling down, depressed, or hopeless?

2.  During the past month, have you often been bothered
    by little interest or pleasure in doing things?

 A "YES" response to either question is a POSITIVE screen
    for depression.  Further evaluation is then needed.
<br>

  Edit? NO//<Enter>
GROUP HEADER ALTERNATE P/N TEXT:
  No existing text
  Edit? NO//<Enter>
EXCLUDE FROM PROGRESS NOTE: YES//<Enter>
SUPPRESS CHECKBOX: SUPPRESS//<Enter>
NUMBER OF INDENTS: 2//<Enter>
INDENT PROGRESS NOTE TEXT: <Enter>
Select ADDITIONAL FINDINGS: <Enter>
Select SEQUENCE: 10// ?
    Answer with COMPONENTS SEQUENCE, or ITEM
   Choose from:
   5      HF DEP 2 QUESTION NEG
   10     HF DEP 2 QUESTION POS

        You may enter a new COMPONENTS, if you wish
        Type a Number between .1 and 999.9, 1 Decimal Digit

Select SEQUENCE: 10//<Enter>
  SEQUENCE: 10//<Enter>
  DIALOG ELEMENT: HF DEP 2 QUESTION POS// GP DEPRESSION POS SCREEN FOR PROVIDERS
         ...OK? Yes// <Enter>  (Yes)

  EXCLUDE FROM PN TEXT: <Enter>
Select SEQUENCE: <Enter>
Input your edit comments.
Edit? NO//<Enter>



Dialog Edit List              Nov 25, 2002@14:51:16          Page:    1 of    4
REMINDER DIALOG NAME: DEPRESSION SCREEN FOR CLINICIANS ONLY
 Sequence      Dialog Details                                         Disabled
  6            Dialog group: GP DEP SCREEN FOR PROVIDERS
               Dialog elements:    5  HF DEP 2 QUESTION NEG
                                   10 GP DEPRESSION POS SCREEN FOR PROVIDERS

 15            Dialog element: VA-TEXT BLANK LINE

 18            Dialog element: MH DOM80
               Finding type: MENTAL HEALTH INSTRUMENT
               Finding item: DOM80 [MH(229)]
               Result name: PXRM DOM80 RESULT GROUP

 20            Dialog element: MH DOMG
               Finding type: MENTAL HEALTH INSTRUMENT
               Finding item: DOMG [MH(232)]
               Result name: PXRM DOMG RESULT GROUP

+         + Next Screen   - Prev Screen   ?? More Actions                   >>>
CO   Copy Dialog         DT   Dialog Text          RI   Reminder Inquiry
DD   Detailed Display    ED   Edit/Delete Dialog   QU   Quit
DP   Progress Note Text  INQ  Inquiry/Print
Select Sequence: Next Screen//<Enter>
```

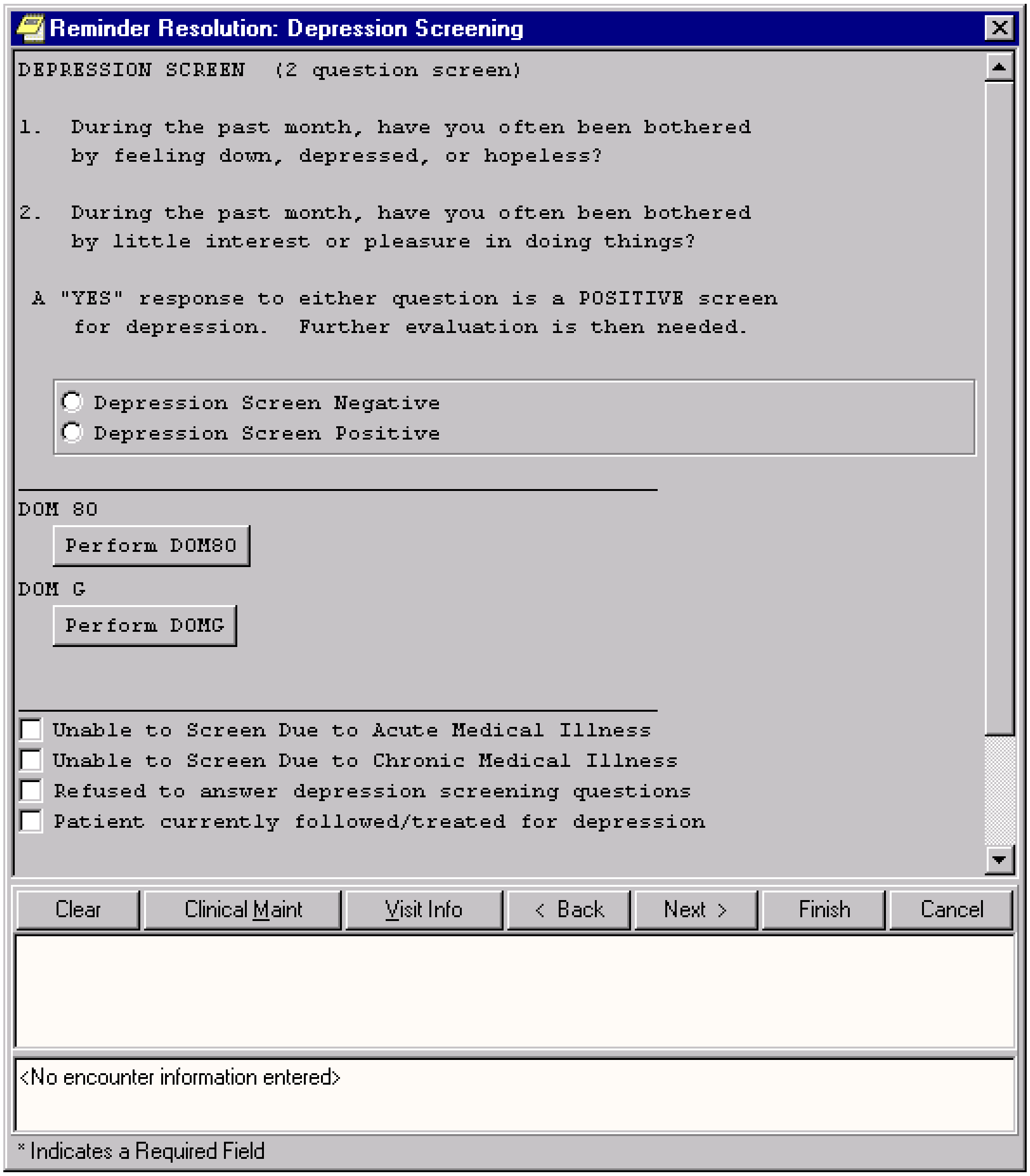
Step 5: Associate the new dialog with a reminder to display to the providers.

Step 6 (optional): Place a label in the dialog to try and let the LVNs, RNS and Health Techs know that they cannot perform assessments.



```
Dialog Edit List               Nov 25, 2002@14:58:20          Page:    1 of    3
DIALOG GROUP NAME: GP DEPRESSION POS SCREEN FOR PROVIDERS
 Sequence      Dialog Details                                              Disabled
               Resolution: DONE AT ENCOUNTER
               Finding type: HEALTH FACTOR
               Finding item: DEPRESSION SCREEN (2 Q) POSITIVE [HF(612184)]

  5            Dialog element: TEXT DEPRESSION EVAL INSTRUCTIONS

  7            Dialog element: TEXT BLANK LINE WITH TEMPLATE FIELD

 10            Dialog group: GP DEP MDD CRITERIA DISPLAY
               Dialog elements:    5  TEXT MDD DSM-IV CRITERIA DISPLAY

 12            Dialog group: GP PHQ 9
               Dialog elements:    5  TEXT PHQ 9

 15            Dialog element: VA-TEXT BLANK LINE

+         + Next Screen   - Prev Screen   ?? More Actions                     >>>
CO   Copy Dialog Group     DP   Progress Note Text    ED   Edit/Delete Group
DD   Detailed Display      DT   Dialog Text           QU   Quit
Select Sequence: Next Screen// 5
CURRENT DIALOG ELEMENT NAME: TEXT DEPRESSION EVAL INSTRUCTIONS

     Select one of the following:

          E         Edit
          C         Copy and Replace current element
          D         Delete element from this dialog

Select Dialog Element Action: E// c  Copy and Replace current element
COPY AND REPLACE 'TEXT DEPRESSION EVAL INSTRUCTIONS'  Y/<Enter> ES
ENTER A UNIQUE NAME: TEXT DEPRESSION EVAL INSTRUCTIONS (1)
  Replace ... With TEXT DEP EVAL INSTRUCTIONS PROVIDERS ONLY
  Replace
   TEXT DEP EVAL INSTRUCTIONS PROVIDERS ONLY

Completed copy of 'TEXT DEPRESSION EVAL INSTRUCTIONS'
into 'TEXT DEP EVAL INSTRUCTIONS PROVIDERS ONLY'

Replaced element'TEXT DEPRESSION EVAL INSTRUCTIONS'
with 'TEXT DEP EVAL INSTRUCTIONS PROVIDERS ONLY'
on this dialog.

Do you want to edit now  Y//<Enter> ES

Dialog Element Type: E//<Enter> lement
CURRENT DIALOG ELEMENT/GROUP NAME: TEXT DEP EVAL INSTRUCTIONS PROVIDERS ONLY
Used by:  GP DEPRESSION POS SCREEN FOR PROVIDERS (Dialog Group)

NAME: TEXT DEP EVAL INSTRUCTIONS PROVIDERS ONLY  Replace <Enter>
DISABLE: <Enter>
CLASS: LOCAL//<Enter>
SPONSOR: <Enter>
REVIEW DATE: <Enter>
RESOLUTION TYPE: <Enter>
ORDERABLE ITEM: <Enter>
FINDING ITEM: <Enter>
```

```
DIALOG/PROGRESS NOTE TEXT:. . .
       . . .
4.  Attention to 'red flags'.

Review history for substance abuse, other illness as a
cause of depression, medication as a cause of depression
and for the severity of the depression.  Patients who may
fit the DSM-IV criteria for Major Depressive Disorder
should be considered for referral to a mental health
professional for evaluation and management.
<br>

  Edit? NO// YES

==[ WRAP ]==[ INSERT ]======< DIALOG/PROGRESS NOTE TEXT >====[ <PF1>H=Help ]====
ASSESSMENT OF A POSITIVE SCREEN FOR DEPRESSION - PROVIDERS ONLY !
<br>
Patients with a positive depression screen should be assessed  for Major
Depressive Disorder based on DSM-IV criteria and should be assessed for
the need for therapy, intervention and/or referral.

1.  Assess if patient is at high risk (marked psychotic symptoms,
       suicidality, potential for violence, delirium)
2.  Further questions regarding current signs & symptoms of depression<br>
3.  Obtain careful psychiatric history of past depressive episodes<br>
4.  Attention to 'red flags'.

Review history for substance abuse, other illness as a
cause of depression, medication as a cause of depression
and for the severity of the depression.  Patients who may
fit the DSM-IV criteria for Major Depressive Disorder
should be considered for referral to a mental health
professional for evaluation and management.
<br>
<=======T=======T=======T=======T=======T=======T=======T=======T=======T>======



ALTERNATE PROGRESS NOTE TEXT:
  No existing text
  Edit? NO//<Enter>
EXCLUDE FROM PROGRESS NOTE: YES//<Enter>
SUPPRESS CHECKBOX: SUPPRESS//<Enter>
Select ADDITIONAL FINDINGS: <Enter>
RESULT GROUP/ELEMENT: <Enter>
Select SEQUENCE: <Enter>
Input your edit comments.
Edit? NO//<Enter>
```


Reminder Resolution: Depression Screening

DEPRESSION SCREEN (2 question screen)

1. During the past month, have you often been bothered by feeling down, depressed, or hopeless?

2. During the past month, have you often been bothered by little interest or pleasure in doing things?

A "YES" response to either question is a POSITIVE screen for depression. Further evaluation is then needed.

○ Depression Screen Negative
○ Depression Screen Positive

DOM 80

Perform DOM80

DOM G

Perform DOMG

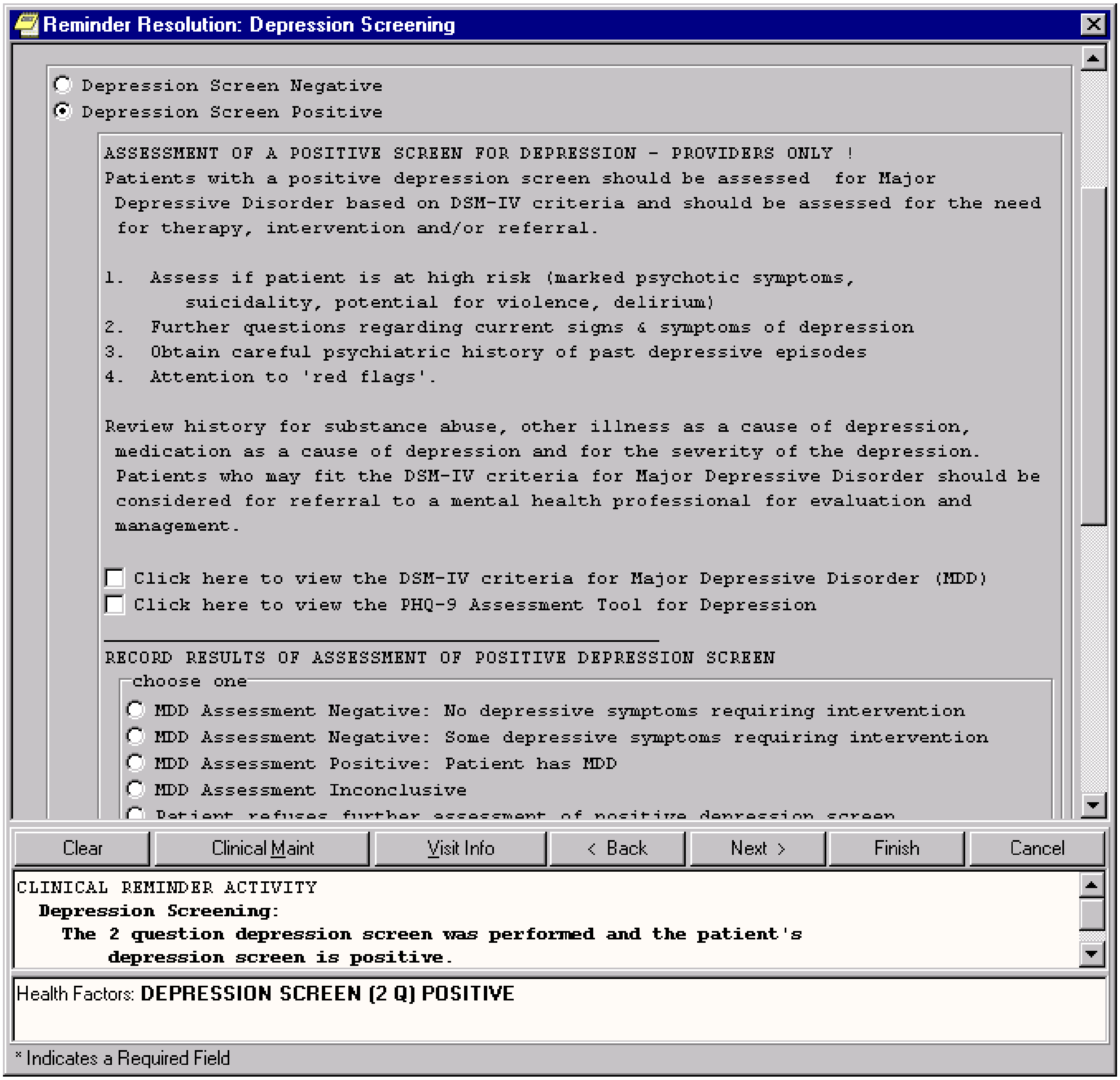
☐ Unable to Screen Due to Acute Medical Illness
☐ Unable to Screen Due to Chronic Medical Illness
☐ Refused to answer depression screening questions
☐ Patient currently followed/treated for depression

Clear
Clinical Maint
Visit Info
< Back
Next >
Finish
Cancel

<No encounter information entered>

* Indicates a Required Field

The dialog looks the same until you click on Positive Depression screen, and then the new group opens up.



○ Depression Screen Negative
● Depression Screen Positive

ASSESSMENT OF A POSITIVE SCREEN FOR DEPRESSION - PROVIDERS ONLY !
Patients with a positive depression screen should be assessed for Major Depressive Disorder based on DSM-IV criteria and should be assessed for the need for therapy, intervention and/or referral.

1. Assess if patient is at high risk (marked psychotic symptoms, suicidality, potential for violence, delirium)
2. Further questions regarding current signs & symptoms of depression
3. Obtain careful psychiatric history of past depressive episodes
4. Attention to 'red flags'.

Review history for substance abuse, other illness as a cause of depression, medication as a cause of depression and for the severity of the depression. Patients who may fit the DSM-IV criteria for Major Depressive Disorder should be considered for referral to a mental health professional for evaluation and management.

☐ Click here to view the DSM-IV criteria for Major Depressive Disorder (MDD)
☐ Click here to view the PHQ-9 Assessment Tool for Depression

RECORD RESULTS OF ASSESSMENT OF POSITIVE DEPRESSION SCREEN
choose one
○ MDD Assessment Negative: No depressive symptoms requiring intervention
○ MDD Assessment Negative: Some depressive symptoms requiring intervention
○ MDD Assessment Positive: Patient has MDD
○ MDD Assessment Inconclusive
○ Patient refuses further assessment of positive depression screen

CLINICAL REMINDER ACTIVITY
Depression Screening:
The 2 question depression screen was performed and the patient's depression screen is positive.

Health Factors: **DEPRESSION SCREEN (2 Q) POSITIVE**

* Indicates a Required Field

Appendix H: Creating and Using Computed Findings

When none of the standard finding types will work, sites can create a computed finding. A computed finding is an M routine that takes a standard set of arguments. The computed finding must be entered into the REMINDER COMPUTED FINDING file #811.4 before it can be used as a finding in a reminder definition.

NOTE: Only programmers who have "@" access can actually write the routine and enter it into the REMINDER COMPUTED FINDINGS file. Once it is in the file, Reminders Managers can use the computed finding in reminder definitions.

A number of computed findings are distributed by the Clinical Reminders package. All of them were written to be used with the CONDITION field. This will allow you to create findings that are very specific. For example, using the BMI computed finding you can create a finding this is true only for patients with a BMI that is greater than or equal to 25. You can use these as examples as you start to create your own computed findings.

Steps to Create a Computed finding

1. Write an M routine.

The routine takes the following arguments: (DFN, TEST,DATE,VALUE,TEXT). DFN is the patient ien and will be set when the computed finding routine is called. The following variables should be set by the computed finding routine.

- TEST is the logical value of the FINDING. Set to 1 for true and 0 for false.
- DATE is the date of the finding in FileMan format. Set it to null if the finding is false.
- VALUE is a value for the finding to be used by the CONDITION field. Setting this is optional.
- TEXT is text to be displayed in the Clinical Maintenance output. Setting this is optional.

Whenever you create a computed finding, make sure that you “new” all the variables you use, to avoid strange side effects.

Computed Findings, cont'd

2. Enter your computed finding into the Reminders package.

Use the option Reminder Computed Finding Edit (CFE) on the Computed Findings menu to enter/register your computed finding, which makes an entry in the REMINDER COMPUTED FINDINGS file (#811.4).

File #811.4 contains a combination of nationally distributed and local entries. Nationally distributed entry names are prefixed with VA-. Local entry names can't start with VA-.

Complete each of these four fields:

NAME (.01 field) - this is the name of the computed finding. When a computed finding is added as a finding to a reminder definition, it is done using NAME. For example, type CF.VA-BMI to add the exported VA-BMI computed finding to your reminder definition.

ROUTINE (.02 field) - this is the name of the MUMPS routine.

ENTRY POINT (.03 field) - this is the entry point in the MUMPS routine (the line tag at which that finding begins).

PRINT NAME (.04 field) - this will be displayed on the Clinical Maintenance component as the name of the computed finding. If it is blank, NAME will be used.

Example

```
Select Reminder Computed Finding Management Option: cfe Reminder Computed
Finding Edit

Select Reminder Computed Finding: AJEY TEST COMPUTED FINDING
...OK? Yes// <Enter> (Yes)

NAME: AJEY TEST COMPUTED FINDING Replace <Enter>
ROUTINE: AJEYRM01
ENTRY POINT: TEST
PRINT NAME: Test Computed Finding
DESCRIPTION:
  1>
CLASS: LOCAL//
SPONSOR:
REVIEW DATE:
```

3. Placing the finding into your reminder

Now that the finding is created and entered/registered, you may use it just like any other finding would be used. The prefix for adding it to the list of findings is CF. and you can choose whether it belongs to the patient cohort logic or the resolution logic. Simply keep in mind what it means to have your finding TRUE or FALSE. Here is an example of using the GMRA finding to identify patients that have no allergy assessment data on their electronic chart. This method uses the scenario that it is DUE for all patients (no specific cohort logic), and RESOLVED by a TRUE computed finding (patient *has* data in ART package).

The (short) version of setting it up is captured here.

```
Select FINDING: CF.AJEY ALLERGY ASSESSMENT
Searching for a REMINDER COMPUTED FINDING, (pointed-to by FINDING ITEM)
    AJEY ALLERGY ASSESSMENT
    ...OK? Yes// (Yes)

FINDING ITEM: AJEY ALLERGY ASSESSMENT//
USE IN RESOLUTION LOGIC: AND//
USE IN PATIENT COHORT LOGIC:
FOUND TEXT:
There is allergy assessment data on file in the ART package of VistA for
this patient.
NOT FOUND TEXT:
There is no allergy assessment on file in the ART package of VistA for
this patient.
```

```
REM36(DFN,TEST,DATE,VALUE,TEXT) ;Check Progress Note for title contained in the
 condition field
 ;Read Reminder Def file for title node 20,,0 piece 11
 S (TEST,VALUE)=0,DATE=DT,TEXT=""
 S AXAR=$P(D00,"^"),AXAI=$O(^PXD(811.9,"B",AXAR,0))
 ;rsm/MTZ 1/25/01 chg'd next line per Patrick Redington (CIO/SLC)
 ;F TT=0:0 S TT=$O(^PXD(811.9,AXAI,20,TT)) Q:TT=""!(TT="B")  S TITLE=$P(^PXD(81
1.9,AXAI,20,TT,0),"^",11) D
 F TT=0:0 S TT=$O(^PXD(811.9,AXAI,20,TT)) Q:TT=""!(TT="B")  S TITLE=$P($G(^PXD(
811.9,AXAI,20,TT,3)),"^",1) D:TITLE]""
 .Q:TITLE=""
 .S TITLE=$TR(TITLE,"~"," ")
 .S HTITLE=TITLE
 .S HTITLE=$P(TITLE,"""",4)
 .S TITLE=$P(TITLE,"""",2)
 .Q:TITLE=""
 .D REM36C
 .Q:HTITLE=""
 .S TITLE=HTITLE D REM36C
 Q
```